

Name
in
Full

Levin L. Bennett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

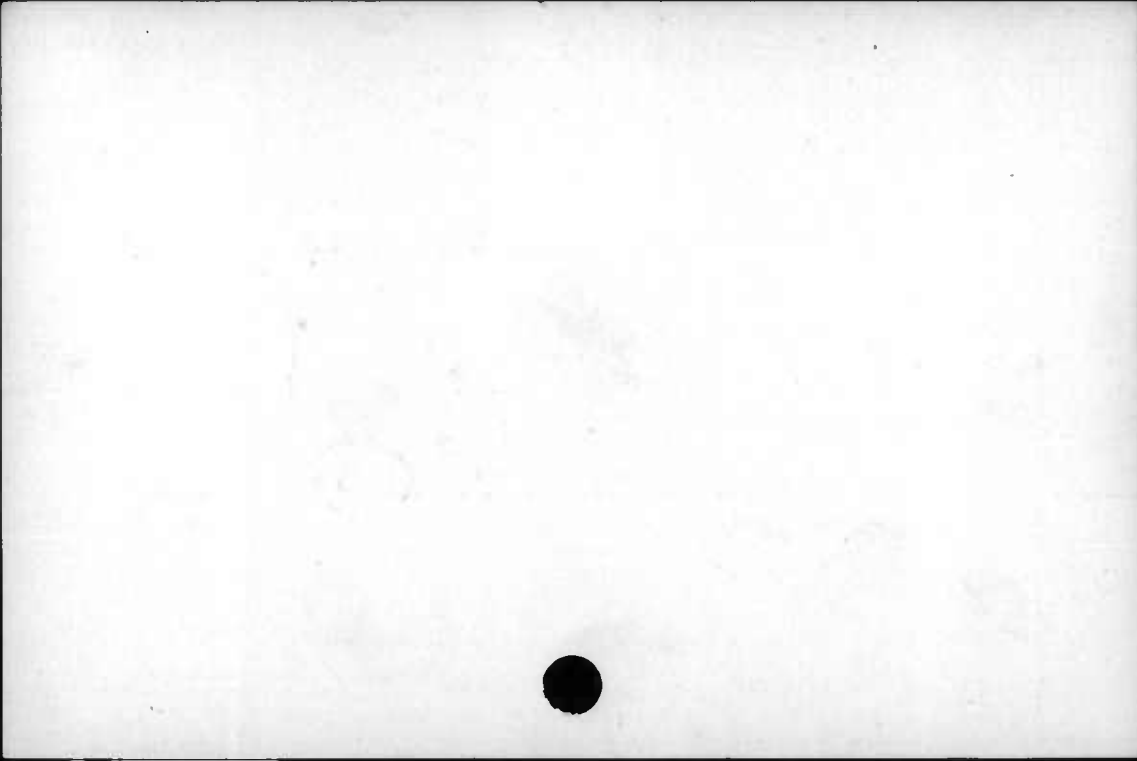
Died at <i>Near Maryland</i>		Town <i>ppgs</i>		County <i>Wicomico</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>8</i>	Day <i>8</i>	Age <i>64</i>	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Md</i>			
Occupation <i>Farmer</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Elizabeth Bennett</i>					
Father's Name <i>Lillis, Bennett</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Bennett</i>				Mother's Birthplace <i>Md</i>			
Name of person giving information <i>George, Bennett</i>				How related to deceased <i>cousin</i>			

CAUSES OF DEATH

(127)

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>7 months</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>G. L. English coroner</i>
	Address <i>Maiden - pgs Maryland</i>
Accident or Suicide?	



Name
in
Full

Millie Bell Bowman

CERTIFICATE OF DEATH

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NEAREST FRIEND

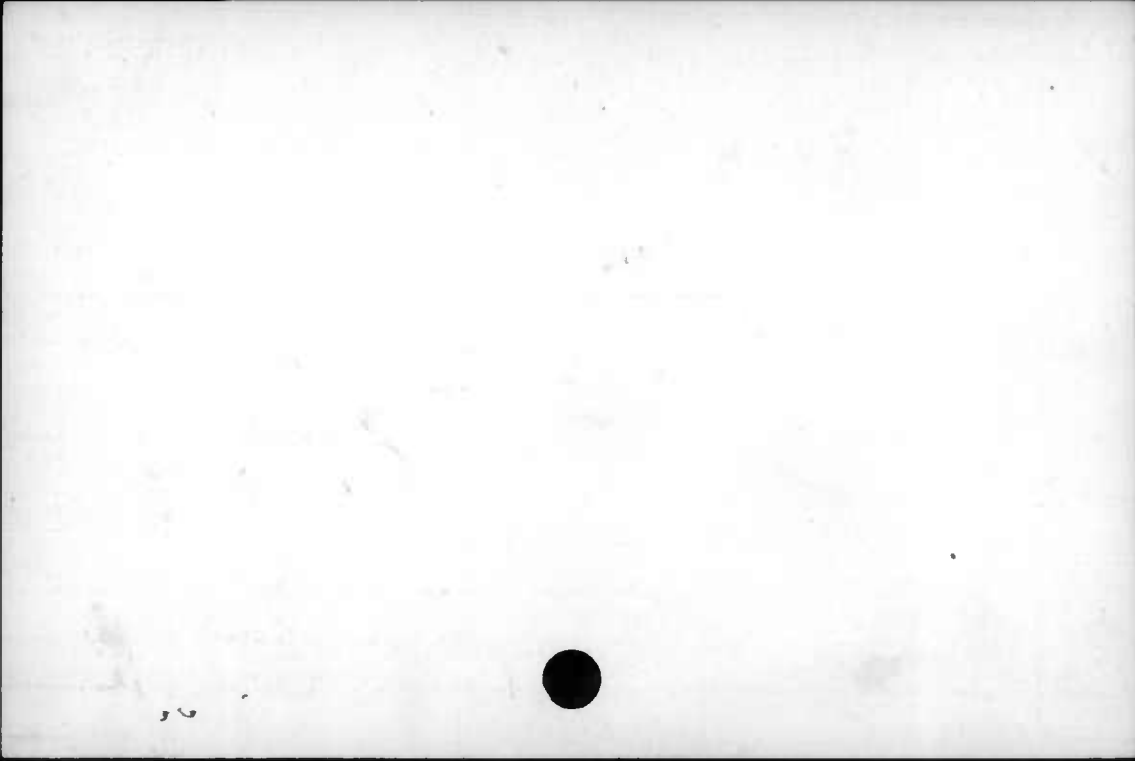
Died at <u>Shoptown</u> ^{Town}			<u>Wicomico</u> ^{County}			MARYLAND		
Date of death <u>1907</u>		<u>August</u> ^{Month}	<u>4</u> ^{Day}	Age <u>5</u> ^{Years}	<u>7</u> ^{Months}	<u>20</u> ^{Days}		
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Telectown Md</u>				
Occupation				Where Residing if not at place of death				
Married, Single or Widowed				Name of Wife or Husband				
Father's Name <u>Mrs H Bowman</u>				Father's Birthplace <u>Del</u>				
Mother's Maiden Name <u>Lavica Dunn</u>				Mother's Birthplace <u>Md</u>				
Name of person giving information <u>Mrs Bowman</u>				How related to deceased <u>Mother</u>				

CAUSES OF DEATH

(61)

PHYSICIAN
OR CORONER

Primary <u>Auto-Intoxication</u>	How long <u>3 days</u>
Immediate <u>Meningitis</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. W. Greaney</u>
	Address <u>Shoptown Md</u>
Accident or Suicide?	



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

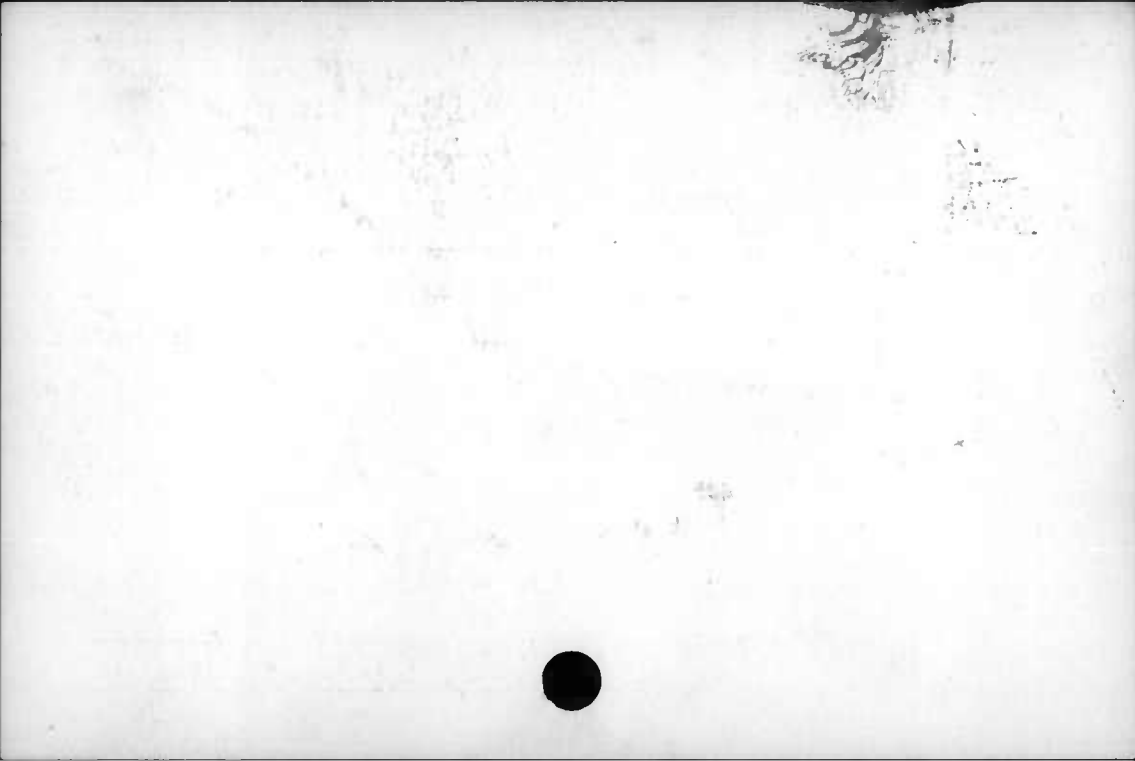
Died at <i>Riverton</i> Town		<i>Neck</i> County		MARYLAND	
Date of death	<i>1907</i> Aug	Month	<i>18</i> Day	Age	<i>65</i> Years
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>New Riverton</i>
Occupation	<i>Sailor</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>Hester A. Bradley</i>			
Father's Name	<i>John Bradley</i>			Father's Birthplace	<i>New Riverton</i>
Mother's Maiden Name	<i>Mary Cooper</i>			Mother's Birthplace	<i>Neck</i>
Name of person giving information	<i>Hollis A. Twilley</i>			How related to deceased	<i>Son-in-law</i>

CAUSES OF DEATH

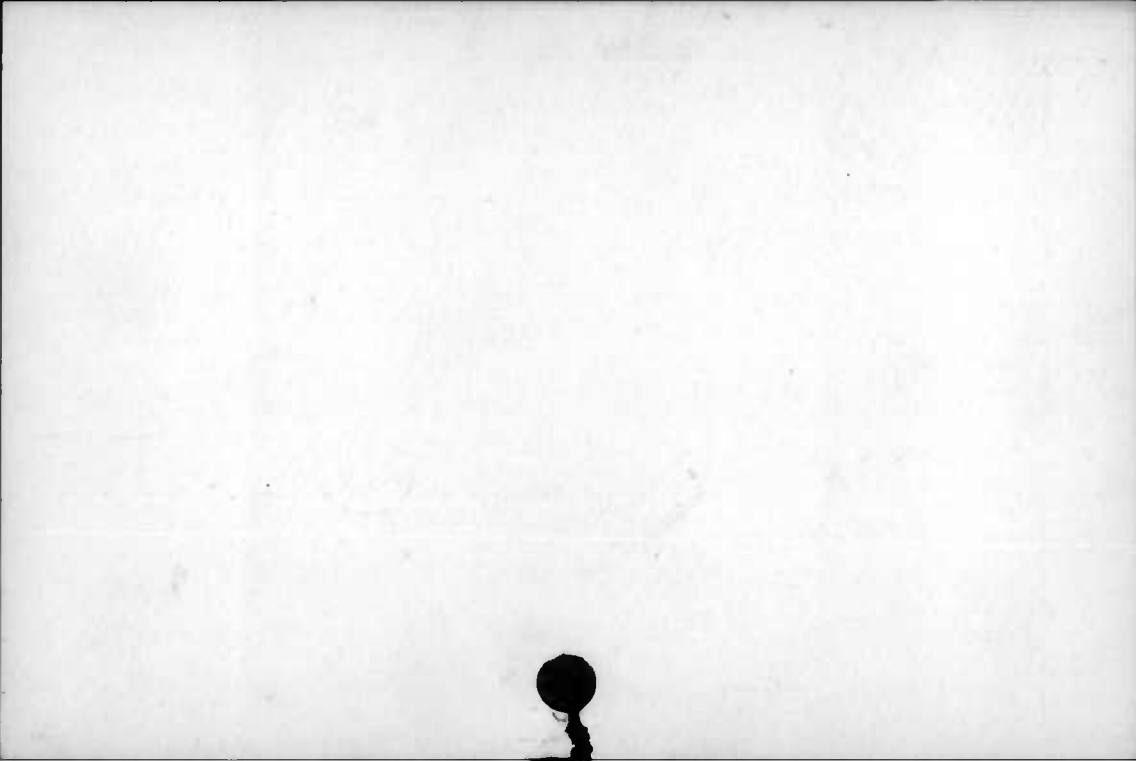
14

PHYSICIAN
OR CORONER

Primary	<i>Myocardial Degeneration</i>	How long	<i>3 years</i>
Immediate	<i>Spontaneous</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Wm. H. G. [Signature]</i>
		Address	<i>Shaybloom</i>
Accident or Suicide?			<i>No</i>



Name in Full		CERTIFICATE OF DEATH			
Henry J. G. Byrd		Town Salisbury		County Wicomico	
Died at		MAYLAND			
Date of death		1907	Month Aug.	Day 27th	Age 57
Sex Male		Color or Race White		Birth place Somerset Co. Md.	
Occupation City Clerk and Treas.		Where Residing if not at place of death		Salisbury Md.	
Married, Single or Widowed Married		Name of Wife or Husband Annie Byrd			
Father's Name John H. Byrd		Father's Birthplace Maryland			
Mother's Maiden Name Sarah E. Jones		Mother's Birthplace "			
Name of person giving information Annie Byrd		How related to deceased Wife			
CAUSES OF DEATH (164)					
Primary Cerebral Hemorrhage & Paralysis		How long since ap. 17. 1907			
Immediate Coma		How long 3 or 4 days			
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J. M. Clemmons M.D.			
		Address Salisbury Md.			
Accident or Suicide?					



Name
in
Full

Edwin T. Chapman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

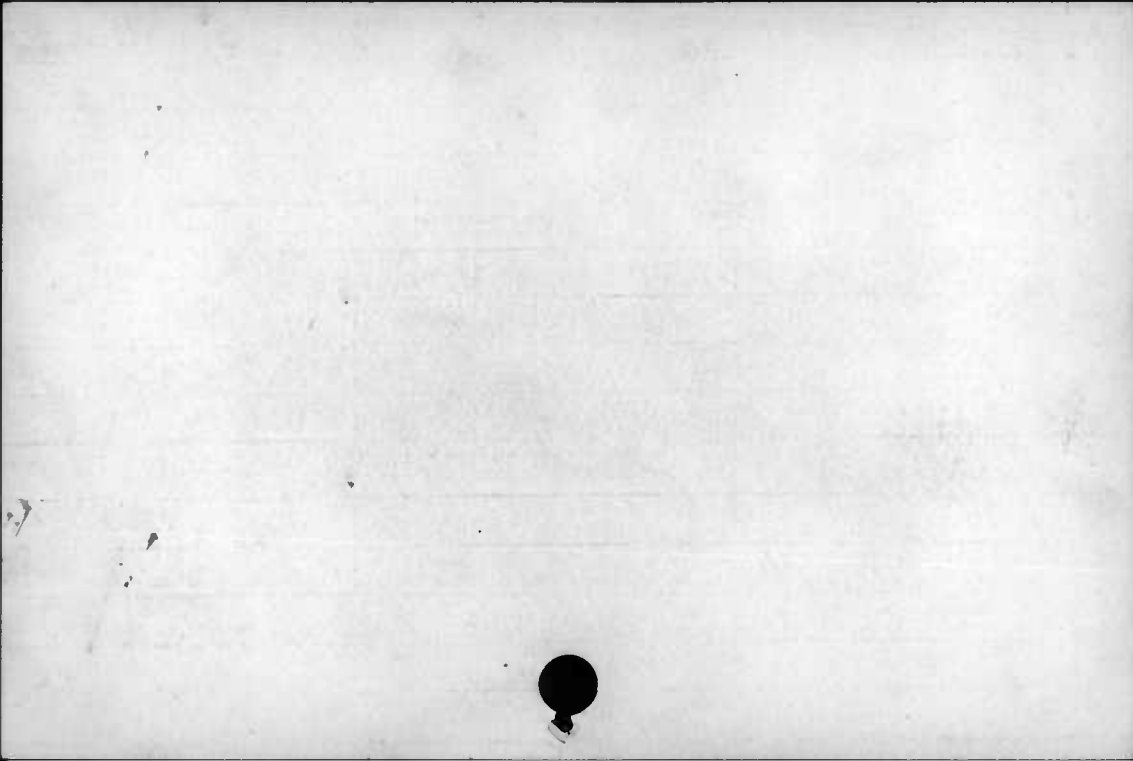
Died at		Town Delmar		County Wicomico			
Date of death		1907	Month Aug	Day 2	Years 1882	6 Months	12 Days 20
Sex male		Color or Race white		Birth- place Greensbackville			
Occupation Railroading Fireman				Where Residing if not at place of death			
Married, Single or Widowed married		Name of Wife or Husband Mrs. Nellie Chapman					
Father's Name Edwin F. Chapman				Father's Birthplace Greensbackville			
Mother's Maiden Name Emma L. Melvin				Mother's Birthplace Pocomoke City			
Name of person giving In formation Laura K. Chapman				How related to deceased Sister			

CAUSES OF DEATH

1

PHYSICIAN
OR CORONER

Primary	Typhoid Fever	How long	2 weeks
Immediate	Heart Failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Robert Ellington	
Address		Delmar Del	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND.

Name in Full Lillie R. Conley.		Town Salisbury		County Wicomico		MARYLAND	
Died at		Date of death 1907		Month Aug		Day 26	
Sex Female		Color or Race White		Age 30		Years —	
Occupation Housework.		Where Residing if not at place of death		Birth-place Ind.		Months —	
Married, Single or Widowed Married		Name of Wife or Husband John Conley.		Father's Birthplace Ind		Mother's Birthplace Wont know	
Father's Name Thomas Truman		Mother's Maiden Name Don't know		Name of person giving information John Conley		How related to deceased Husband	

CAUSES OF DEATH

Primary Tuberculosis	How long 1 year
Immediate General Emaciation & heart failure	How long 3 or 4 months
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Louis W. Reams M.D.
	Address Salisbury Md
Accident or Suicide?	



Name in Full		Certificate of Death			
Elija A Conroy		Town		County	
Died at		Washington		Mcnamer	
Date of death		Month	Day	Years	Months
1907		Aug	17	67	
Sex		Color or Race		Birth-place	
Female		White		Maryland	
Occupation		Where Residing if not at place of death			
Housekeeper		at place of death		"	
Married, Single or Widowed		Name of Wife or Husband			
Single					
Father's Name		Father's Birthplace			
W. T. Conroy		"			
Mother's Maiden Name		Mother's Birthplace			
Ellen L. Crockett		"			
Name of person giving information		How related to deceased			
Wm. B. Conroy		Brother			
CAUSES OF DEATH					
Primary		(29)		How long	
Immediate		Lectus entors brules		2 years	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address	
yes		J. H. Lanford		White Hall	
Accident or Suicide?					



Name
in
Full

Hester Conway

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

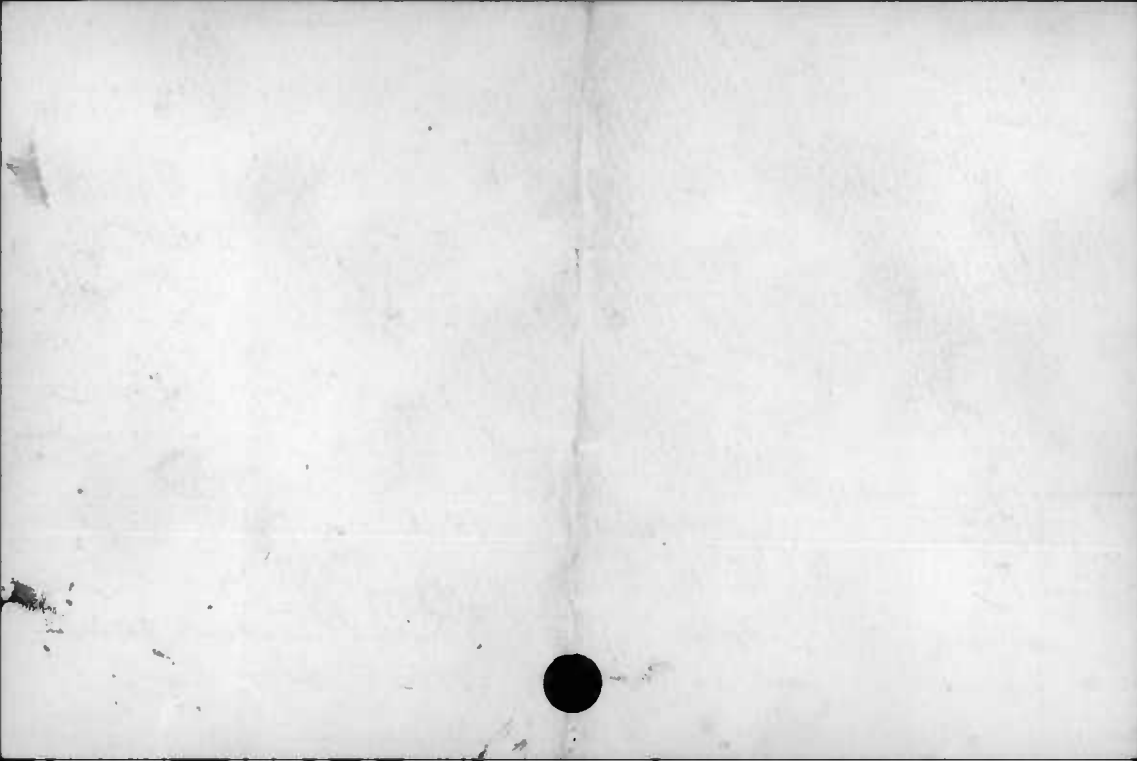
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
190		Aug	29	Age 49			
Sex		Color or Race		Birth-place			
Female		colored		Maryland			
Occupation				Where Residing if not at place of death			
Housewife				11			
Married, Single or Widowed		Name of Wife or Husband					
Married		Hester Conway					
Father's Name		Robert Baker		Father's Birthplace			
Mother's Maiden Name		Leah Catman		Mother's Birthplace			
Name of person giving information		Mrs. Wilson		How related to deceased			
				None			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis of lungs	How long	About 2 years
Immediate	Pulmonary hemorrhage	How long	4 or 5 minutes
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes.		H. P. Lynch M.D.	
		Address	
		Dorchester Md.	
Accident or Suicide?			



Name
in
Full

Wesley Conway

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Tyaskin</i> ^{Town}			<i>Spencer</i> ^{County}			MARYLAND	
Date of death	1907	Month	Aug	Day	4	Age	70
Sex	Male		Color or Race	White		Birth-place	Maryland
Occupation	Mariner			Where Residing if not at place of death			<i>VA</i>
Married, Single or Widowed	Widowed		Name of Wife or Husband <i>m</i>				
Father's Name	<i>Wm Conway</i>					Father's Birthplace	<i>VA</i>
Mother's Maiden Name	<i>Ellen Crockett</i>					Mother's Birthplace	<i>VA</i>
Name of person giving information	<i>Wm Conway</i>					How related to deceased	<i>VA</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>29</i>	How long	
Immediate	<i>Tuberculosis Bones</i>	How long	<i>1 year</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>A. D. H. Lankford</i>
		Address	<i>White House</i>
Accident or Suicide?			

Name
in
Full

Laura A Dennis

CERTIFICATE OF DEATH

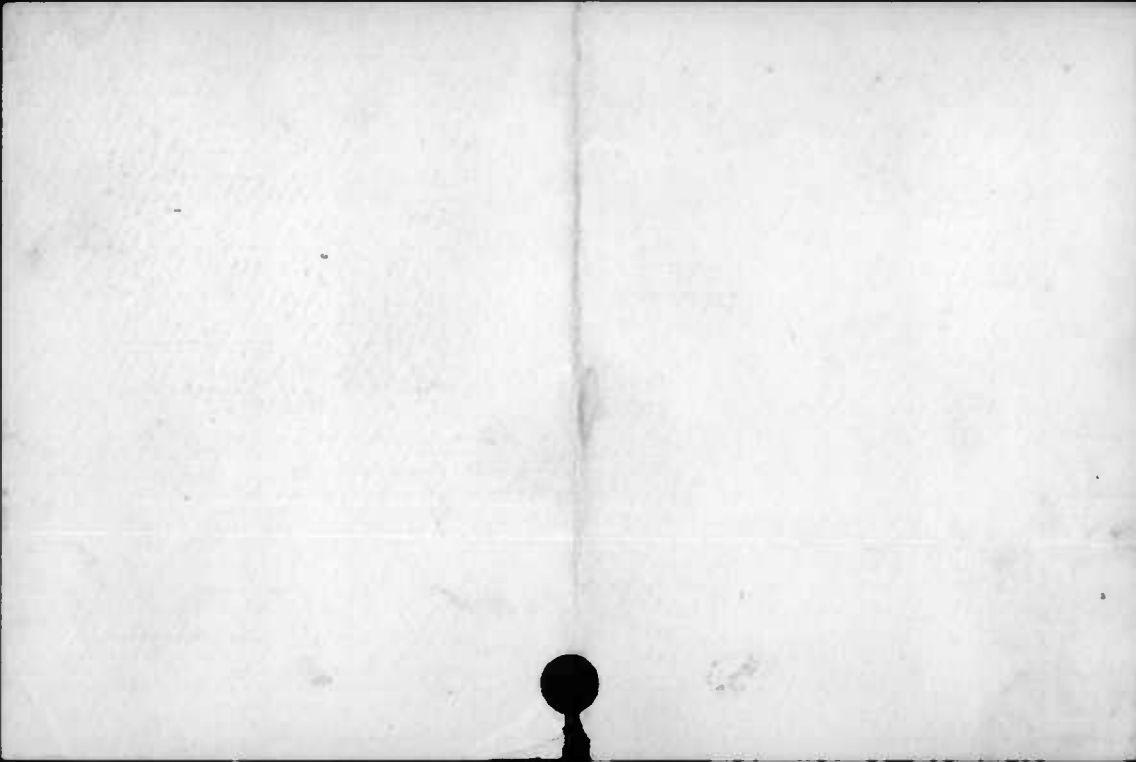
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>new Powellville</u> ^{Town}		<u>Meemier</u> ^{County}		MARYLAND	
Date of death	1907	Month	Aug	Day	24
Age	61	Years	1	Months	24
Sex	Female	Color or Race	White	Birth-place	Md -
Occupation	Housework		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband <u>Marcellas Dennis</u>		
Father's Name	Lambert C Powell		Father's Birthplace <u>Md</u>		
Mother's Maiden Name	Kitty A Lewis		Mother's Birthplace <u>Md</u>		
Name of person giving information	Marcellas Dennis		How related to deceased <u>Husband</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Softening of Brain</u>	How long	<u>8 months</u>
Immediate	<u>Pneumonia</u>	How long	<u>one week</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>E. A. Holland</u>
		Address	<u>Whaleyville Md</u>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

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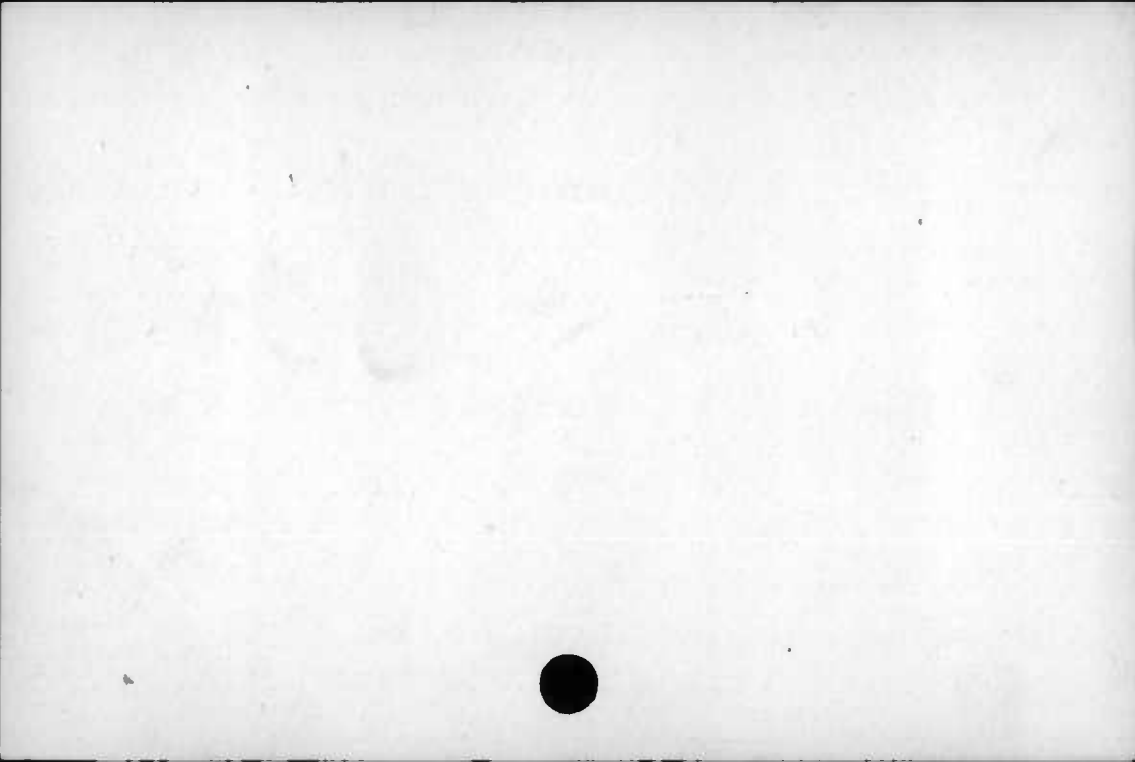
MARYLAND

Died at <u>Salisbury</u> Town		<u>Wicomico</u> County	
Date of death <u>1907</u> Month <u>Aug</u> Day <u>11</u>	Age <u>9</u> Years	<u>8</u> Months	<u>14</u> Days
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Md</u>	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name <u>Carl B. Disharoon</u>	Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Adda Cannon</u>	Mother's Birthplace <u>Md</u>		
Name of person giving information <u>Carl B. Disharoon</u>	How related to deceased <u>Daughter</u>		

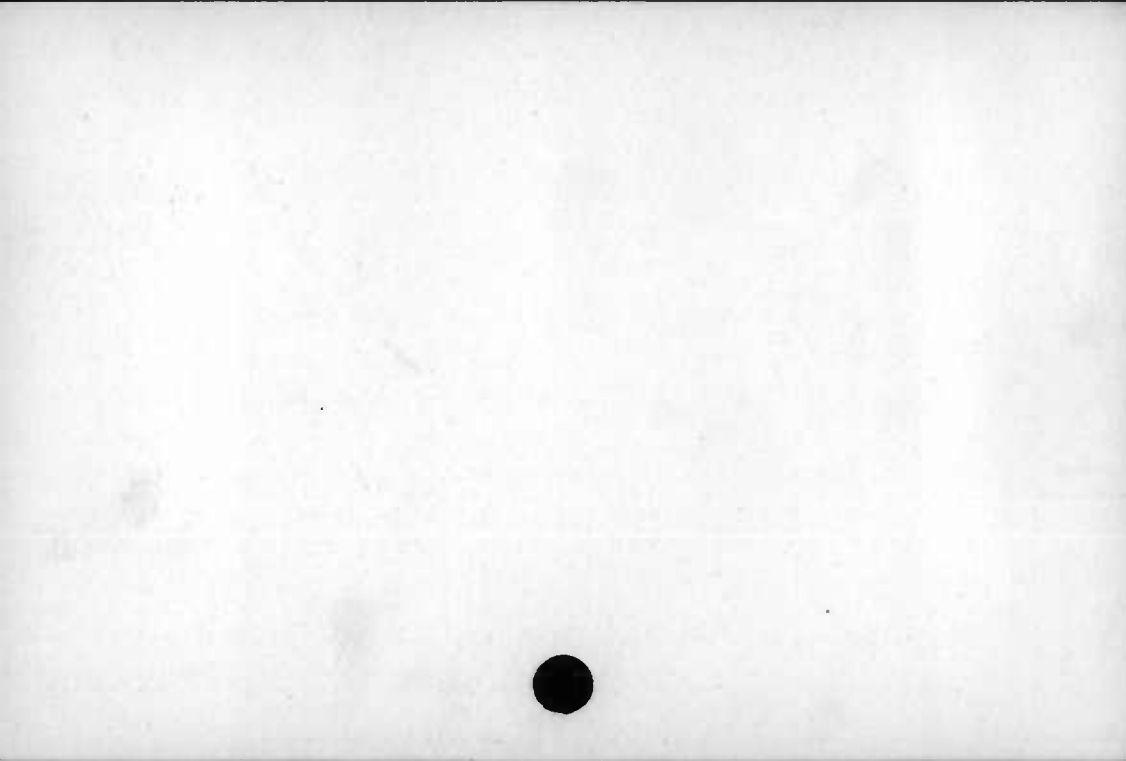
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Dysentery</u>	<u>(14)</u>	How long <u>8 days</u>
Immediate <u>Cerebral Complications</u>		How long <u>2 or 3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. M. Clemons</u>	
	Address <u>Salisbury Md</u>	
Accident or Suicide?		



Name in Full		CERTIFICATE OF DEATH			
Samuel Fulton Elzey		Town Near Salisbury		County Wicomico	
Died at		MAYLAND			
Date of death	1907	Month Aug.	Day 6th	Age Years	Months 3
Sex Male	Color or Race Colored	Birth- place Darnes Quarters Md.		Days 7	
Occupation	Where Residing if not at place of death		Darnes Quarters		
Married, Single or Widowed	Single	Name of Wife or Husband		None	
Father's Name	Samuel Elzey		Father's Birthplace Somerset Co. Md.		
Mother's Maiden Name	Sarah Curtis		Mother's Birthplace " " "		
Name of person giving information	Samuel Elzey		How related to deceased Father		
CAUSES OF DEATH					
Primary	Enteric Colitis		How long 1 week		
Immediate	Exhaustion		How long 7 or 8 hours		
Are the name, age, sex, color, date and place correctly given above?		Yes			
Signature of Physician		J. M. [Signature] Salisbury, Md.			
Address		Salisbury, Md.			
Accident or Suicide?		No			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Geo Evans</i>		Town <i>Nanticoke</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Nanticoke</i>		Date of death <i>1907 Aug 15</i>		Age <i>61</i>		Months <i>0</i> Days <i>0</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Mariner</i>				Where Residing if not at place of death <i>Nanticoke</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Laura Evans</i>					
Father's Name <i>Edward Evans</i>		Father's Birthplace <i>Nanticoke, Md.</i>		Mother's Birthplace <i>Nanticoke, Md.</i>			
Mother's Maiden Name <i>Henrietta Roberts</i>		How related to deceased					
Name of person giving information							

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>40 yrs -</i>
Immediate	<i>Bronchitis</i>	How long	<i>60 yrs -</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. R. Bishop M.D.</i>	
		Address <i>Nanticoke</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant no name - Hastings

Town Salisbury County Wicomico

MARYLAND

Died at

Date of death 1907 Aug 9 Day 9 Age Years Months 18 Days

Sex Female Color or Race white Birth-place Md

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name Harold Hastings Father's Birthplace Md

Mother's Maiden Name Blanch Brittingham Mother's Birthplace Md

Name of person giving information Thomas Hastings How related to deceased Grandfather

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary 151 How long

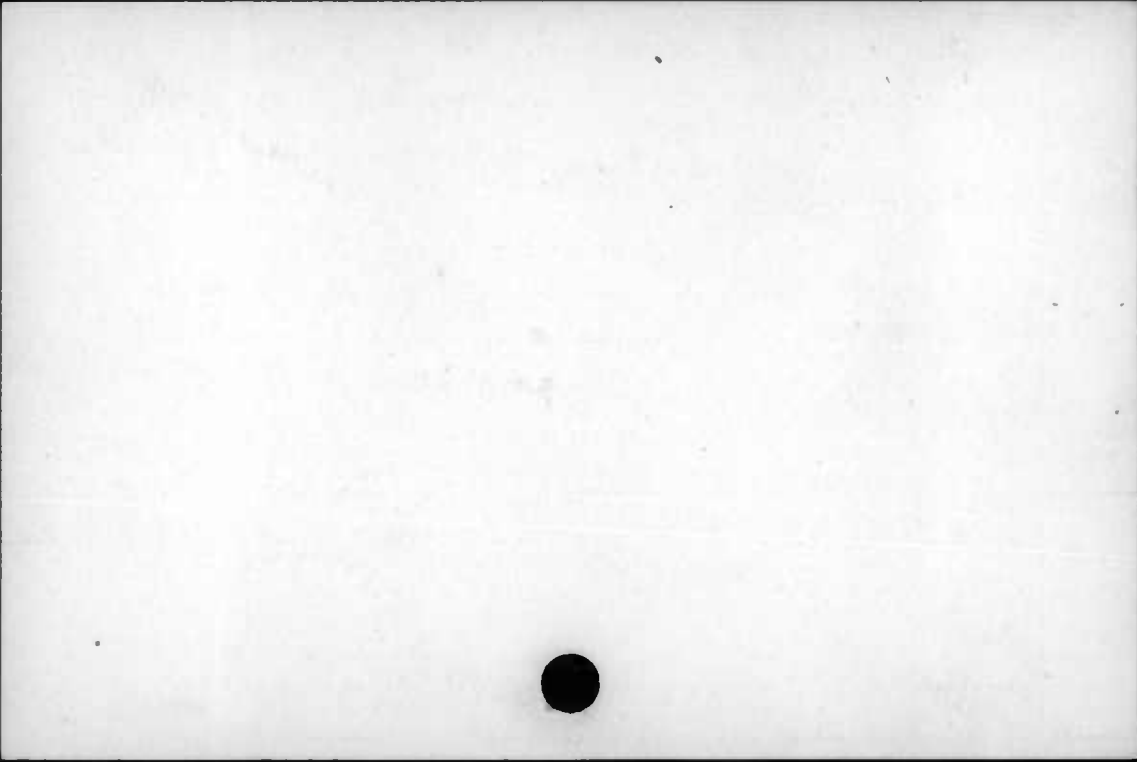
Immediate Pathological Icterus 12 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Dr. Alton B. Potter

Address Salisbury M.S.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

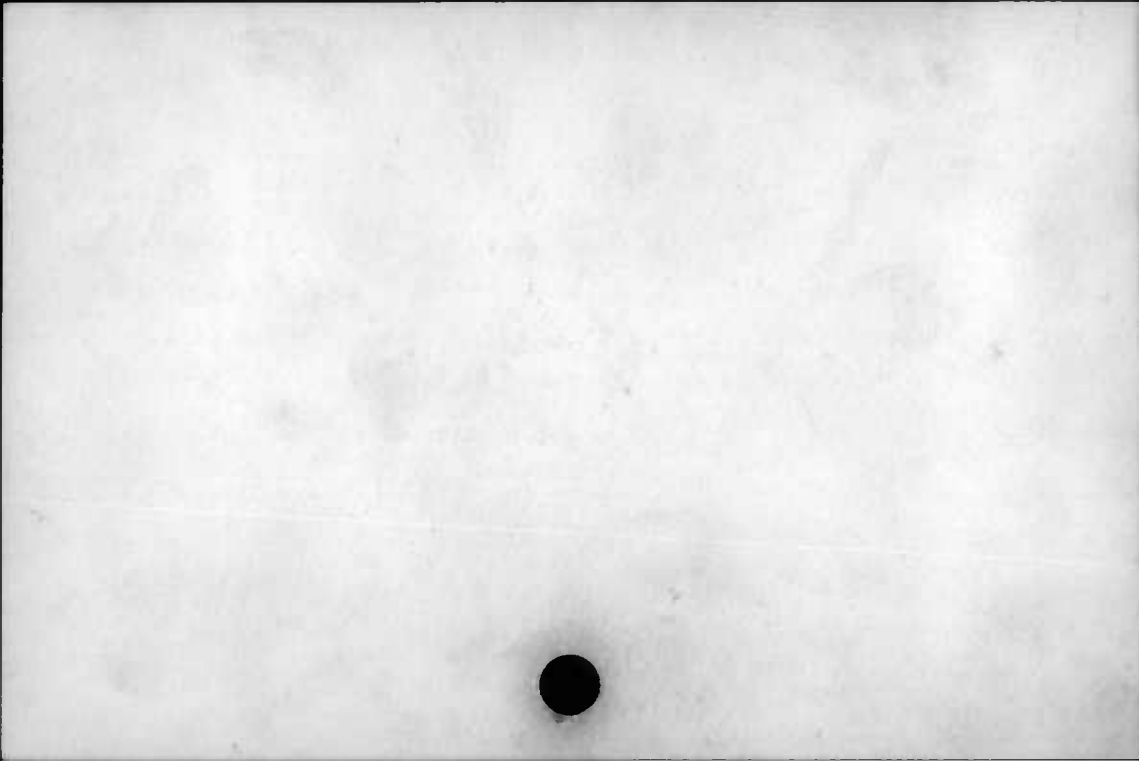
Name in Full <i>Jessie M. Hearn</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		STATE <i>MARYLAND</i>	
Died at <i>Salisbury</i>		Month <i>Aug</i>		Day <i>7</i>		Age <i>76</i>	
Date of death <i>1907 Aug 7</i>		Years <i>8</i>		Months <i>12</i>		Days <i>12</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth place <i>Ind</i>			
Occupation <i>Housework</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Clement E. Hearn.</i>					
Father's Name <i>Elijah Hearn</i>		Father's Birthplace <i>Del</i>					
Mother's Maiden Name <i>Jessie F. Hearn</i>		Mother's Birthplace <i>Del</i>					
Name of person giving information <i>Charles E. Hearn</i>		How related to deceased <i>Son.</i>					

CAUSES OF DEATH

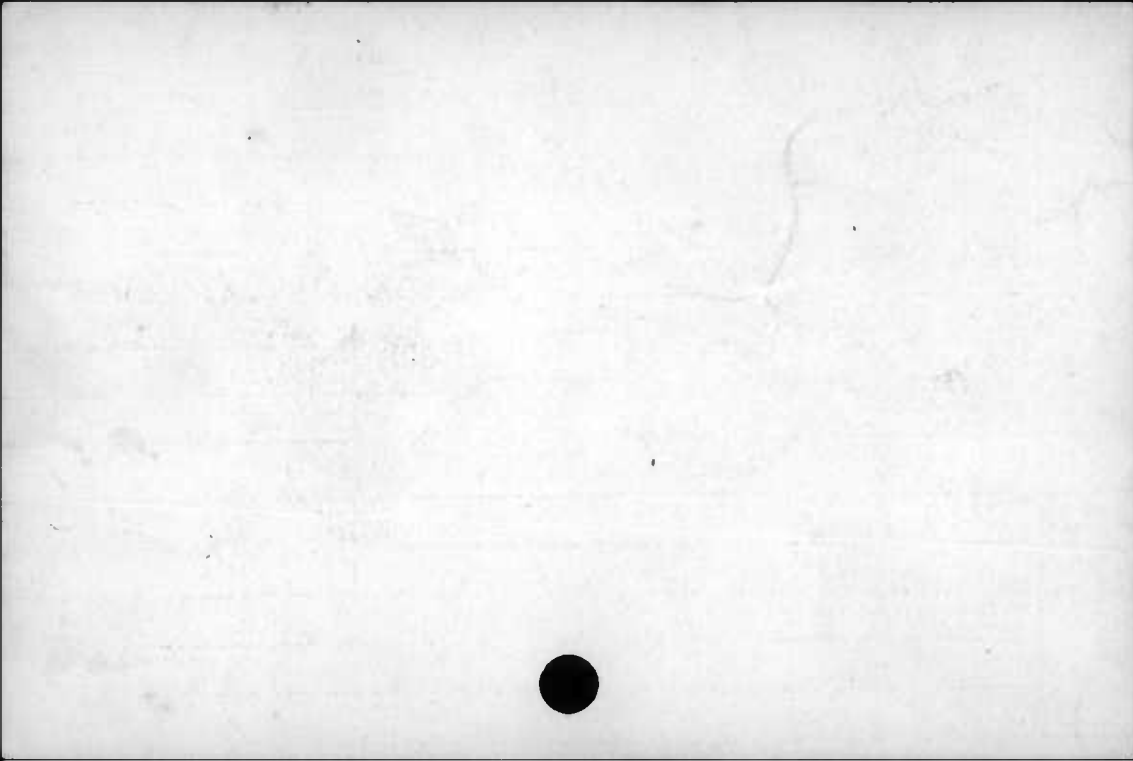
(39)

PHYSICIAN
OR CORONER

Primary	<i>Cancer 4 months</i>	How long	<i>2 years</i>
Immediate	<i>Cancer small intestine</i>	How long	<i>6 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Gandner Spring M. D.</i>	
		Address <i>Salisbury Ind</i>	
Accident or Suicide? <i>No.</i>			



Name in Full		Town				County		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at		Belmar		Wicomico		MARYLAND				
		Date of death		1907	Aug	13	Age	43	Months	8	Days	10
		Sex	Male		Color or Race	White		Birth-place	Belmar			
		Occupation	Farming		Where Residing if not at place of death		Belmar					
		Married, Single or Widowed	Married		Name of Wife or Husband		Augusta E. Stearns					
		Father's Name	Joseph B. Stearns					Father's Birthplace	Belmar			
		Mother's Maiden Name	Lavinia Crook					Mother's Birthplace	"			
		Name of person giving information	Wm. Ray Stearns					How related to deceased	Son			
PHYSICIAN OR CORONER		CAUSES OF DEATH						(48)				
		Primary	Rheumatism				How long	Six years				
		Immediate	Heart Failure				How long					
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician						
						Address						
				Belmar Del.								
		Accident or Suicide?										



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Kina J. Morsem* Town *Tyaskin* County *Maine* MARYLAND

Died at *Tyaskin*

Date of death *1907 Aug 14* Age *9* Months *9* Days *—*

Sex *Female* Color or Race *white* Birth-place *Maryland*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Olas Morsem* Father's Birthplace *—*

Mother's Maiden Name *Fressie Musick* Mother's Birthplace *Burke Wisconsin*

Name of person giving information *—* How related to deceased *nd*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary *Enterocolitis* How long *10 da-*

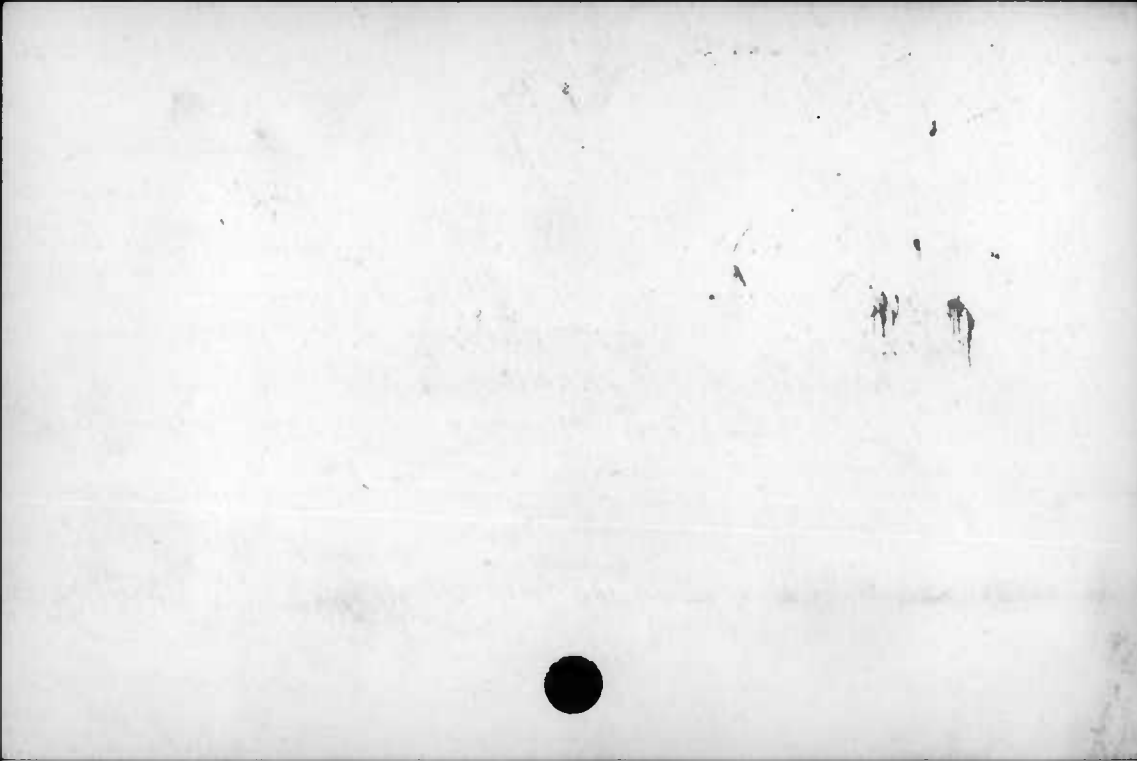
Immediate *Ciphastrin* How long *3 h.*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. R. Bishop M.D.*

Address *Winnipeg Md.*

Accident or Suicide? *—*



Name
in
Full

Emerson Hollowell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> ^{Town}		<u>Morris</u> ^{County}		MARYLAND	
Date of death	<u>1907</u> ^{Month}	<u>Aug</u> ^{Day}	<u>25</u> ^{Age}	<u>10</u> ^{Months}	<u></u> ^{Days}
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Unknown</u>
Occupation	<u>Infant</u>		Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name	<u>George Hollowell</u>			Father's Birthplace	<u>Unknown</u>
Mother's Maiden Name	<u>Unknown</u>			Mother's Birthplace	<u>Unknown</u>
Name of person giving information	<u>Helena Morris Sept P. 9/4.</u>			How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Murder</u>	<u>151</u>	How long	<u>10 minutes</u>
Immediate	<u>Asphyxia</u>		How long	<u>7 or 8 minutes</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
<u>yes</u>		<u>[Signature]</u>		
		Address		
		<u>Salisbury, Md</u>		
Accident or Suicide?				
<u>no</u>				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death		Month	Day	Age	Years
1907		August	23	1	28
Sex	Female	Color or Race	Colored	Birth-place	near Quantico
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Paula C. Horsey			Father's Birthplace	near Quantico
Mother's Maiden Name	Hester Ann Horsey			Mother's Birthplace	" "
Name of person giving information	Hester Ann Horsey			How related to deceased	Mother

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Cholera + Perityphlit G. Liver.	How long	3 weeks.
Immediate	Convulsions	How long	6 hours.
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	J. H. Lynch M.D.
		Address	Quantico, Md.
Accident or Suicide?			

806

Name
in
Full

Marion H. Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> <small>Town</small>		<u>Wicomico</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u>	<u>Aug</u> <small>Month</small>	<u>3</u> <small>Day</small>	Age <u>16</u> <small>Years</small>	<u>28</u> <small>Months</small>	<u>28</u> <small>Days</small>
Sex <u>male</u>	Color or Race <u>White</u>		Birthplace <u>Salisbury Md</u>		
Occupation <u>none</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>-</u>			Name of Wife or Husband		
Father's Name <u>J. Rodney Jones</u>			Father's Birthplace <u>Wicomico Co</u>		
Mother's Maiden Name <u>Julia D. Waller</u>			Mother's Birthplace <u>Wicomico Co</u>		
Name of person giving information <u>Father (J.R. Jones)</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Anaemia</u>	<u>105</u>	How long <u>months</u>
Immediate <u>Enterocolitis</u>		How long <u>2 or 3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Geo. H. Todd</u>	
	Address <u>Salisbury Md</u>	
Accident or Suicide? <u>Q</u>		



Name
in
Full

Sadie Kennedy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

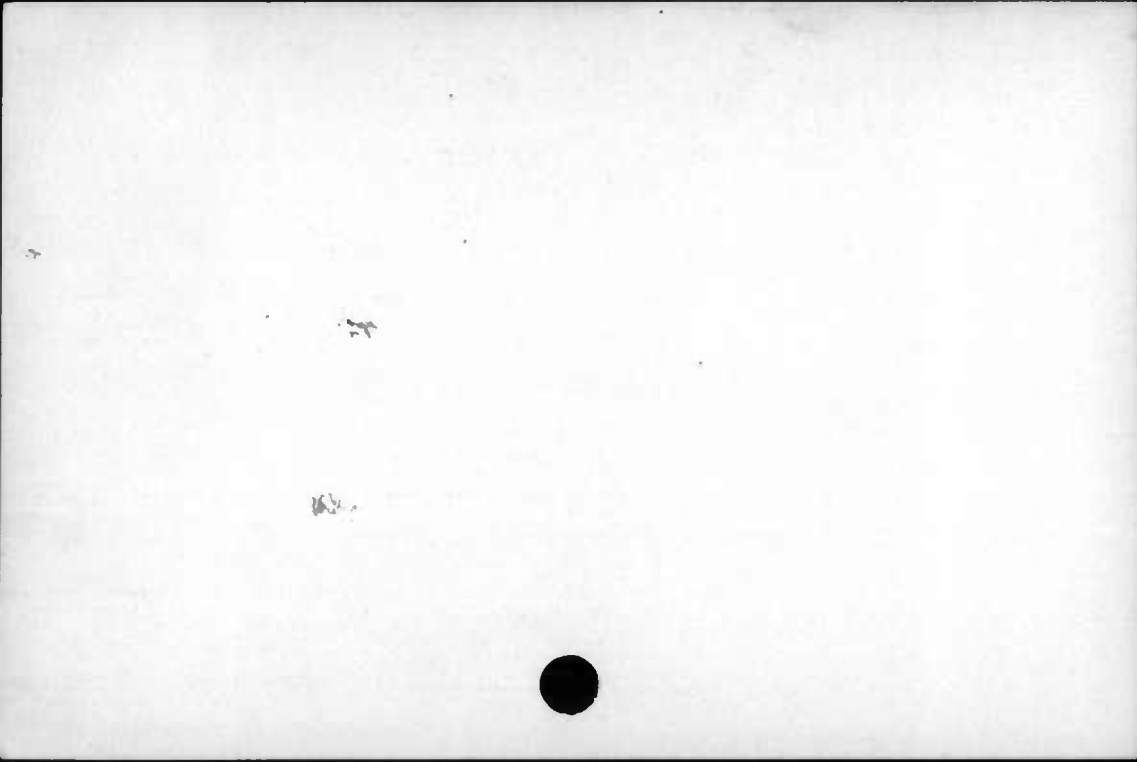
Died at <i>Near Mandala</i>		Town <i>Mandala</i>		County <i>McCombs</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>8</i>	Day <i>18</i>	Age <i>--</i>	Years <i>--</i>	Months <i>4</i>	Days <i>--</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>				
Occupation <i>--</i>	Where Residing if not at place of death <i>--</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>--</i>						
Father's Name				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Eunice Kennedy</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>J. J. Kennedy</i>				How related to deceased <i>Grand father</i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Cholera infantum</i>	How long <i>2 day</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. Canaway</i>
	Address <i>Hebron Ind.</i>
Accident or Suicide?	



Name
in
Full

William L. Layfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

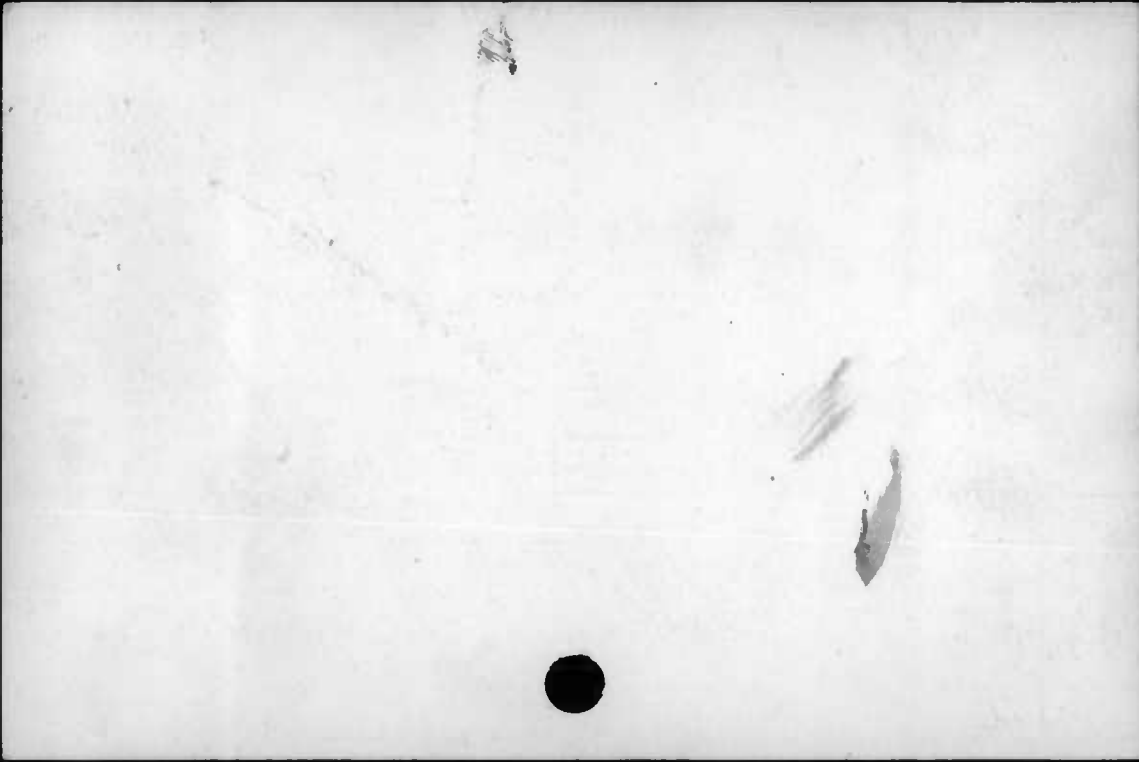
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Aug.	27	64		8	8
Sex	male	Color or Race	White		Birth-place	Maryland	
Occupation	Farmer		Where Residing if not at place of death		Maryland		
Married, Single or Widowed	Married		Name of Wife or Husband		Mary A. Layfield		
Father's Name	Solomon Layfield				Father's Birthplace	Maryland	
Mother's Maiden Name	Eliza Layfield				Mother's Birthplace	Maryland	
Name of person giving information	Geo. H. F. Insley				How related to deceased	son-in-law	

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary	Cholera + Intestinal obstruction		How long	18 hours
Immediate	Shock		How long	3 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Yes.		S. Lynch M.D.		
		Address		
		Quantico, Maryland		
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

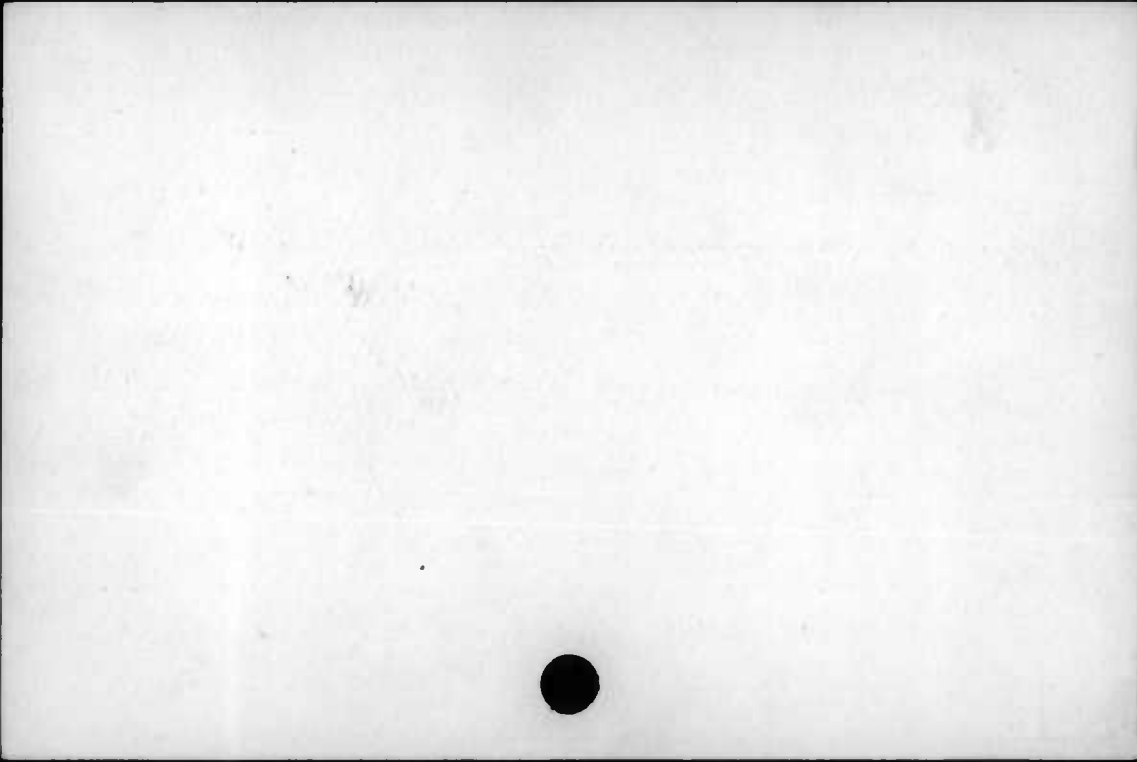
Died at <i>Salisbury</i> Town			<i>Wicomico</i> County			MARYLAND		
Date of death <i>1907</i>		Month <i>Aug</i>	Day <i>20</i>	Age <i>88</i> Years		Months <i>—</i>		Days <i>—</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Del.</i>				
Occupation <i>House work</i>				Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Dont know</i>						
Father's Name <i>Dont know</i>		Father's Birthplace <i>Dont know</i>						
Mother's Maiden Name <i>Mary Thompson</i>		Mother's Birthplace <i>Del.</i>						
Name of person giving information <i>William Leates</i>		How related to deceased <i>Grandson</i>						

CAUSES OF DEATH

1154

PHYSICIAN
OR CORONER

Primary <i>General debility</i>	How long <i>—</i>
Immediate <i>Old Age</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr C R Truitt</i>
	Address <i>Salisbury Md</i>
Accident or Suicide?	



Name
in
Full

Geo Merrick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

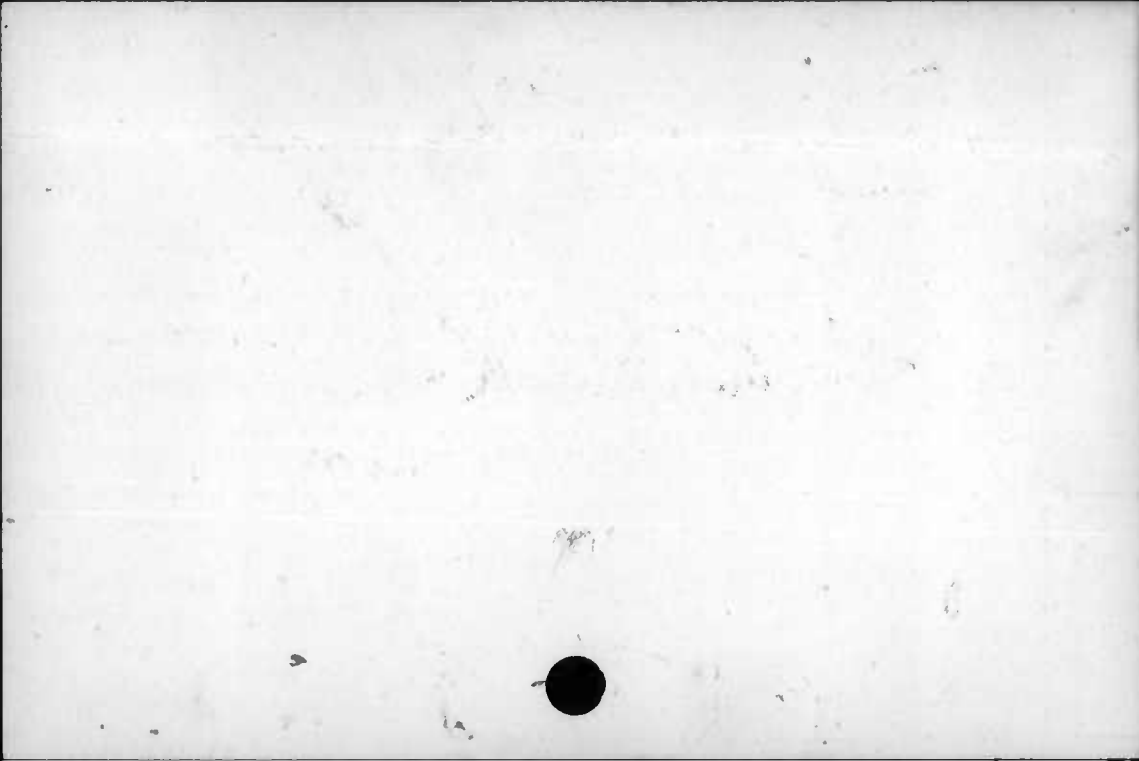
Died at <i>Tyaskin</i> Town		County <i>Wicomico</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Aug</i>	Day <i>10</i>	Age <i>5-0</i>	Years Months Days
Sex <i>Male</i>	Color or Race <i>White</i>			Birth-place <i>Maryland</i>	
Occupation <i>Mariner</i>	Where Residing if not at place of death <i>"</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband				
Father's Name <i>Isaac Merrick</i>	Father's Birthplace <i>"</i>				
Mother's Maiden Name <i>Geor Mc</i>	Mother's Birthplace				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Tuberculosis of Lungs</i>	How long <i>8 Months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Lauckner</i>
	Address <i>Tyaskin</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

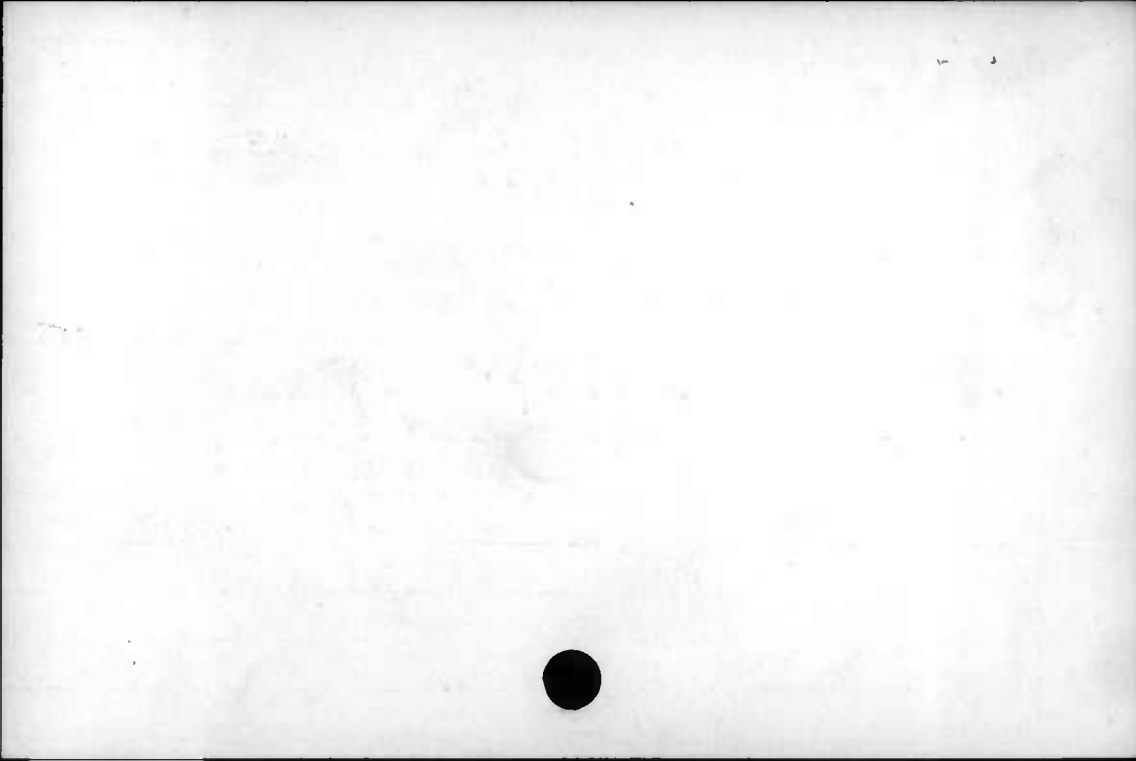
Died at <i>Sharplown</i> Town		<i>Winn</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>8</i>	Day <i>11</i>	Age <i>1</i> Years	Months <i>3</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Sharplown</i>		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <i>Orestes W Owens</i>	Father's Birthplace <i>Sharplown</i>				
Mother's Maiden Name <i>Josephine Phillips</i>	Mother's Birthplace <i>Sharplown</i>				
Name of person giving information <i>Orestes Owens</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Acute Indigestion</i>	How long <i>3 days</i>
Immediate <i>Toxemia</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Caspary</i>
	Address <i>Sharplown Md</i>
Accident or Suicide?	



Robert Lee Parker

Died at *Delmar*

Town

Wicomico

County

MARYLAND

Date *1907* *Aug 6*

Month

Day

Y.

M.

D.

Native of

Occupation

Age *0 0 4*

Age

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of
WifeFather's Name *Henry L Parker*Mother's Name *Hellie Parker*Cause of Death { Primary *from*Death { Immediate *Convulsions*How long sick
one day~~Accident, Suicide, Homicide~~Reported by *Robert Alleyord M.D.*Address *Delmar DE.*

Name
in
Full

Emma Louise Parker

CERTIFICATE OF DEATH

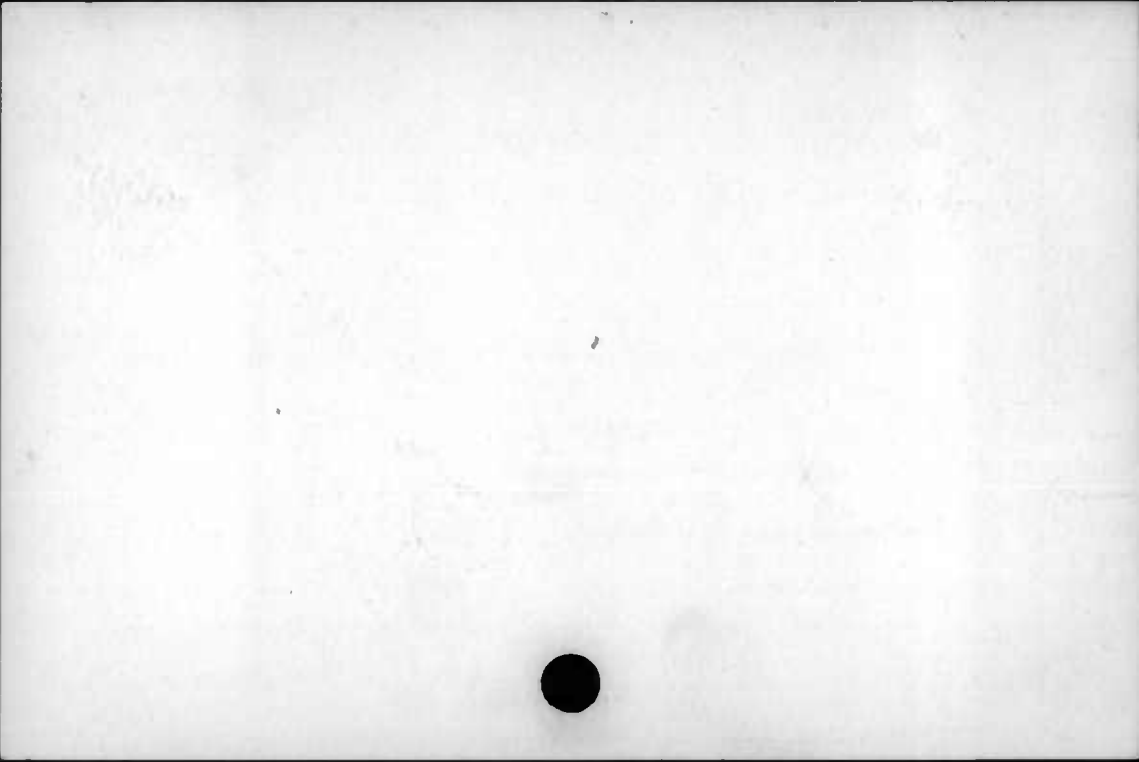
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> <small>Town</small>		<i>Wicomico</i> <small>County</small>		MARYLAND	
Date of death	<i>1907 Aug.</i> <small>Month</small>	<i>22</i> <small>Day</small>	Age <i>0</i> <small>Years</small>	<i>10</i> <small>Months</small>	<i>13</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth place <i>Salisbury Md.</i>		
Occupation <i>none</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>				
Father's Name <i>Harvey G. Parker</i>	Father's Birthplace <i>Wicomico Co. Md.</i>				
Mother's Maiden Name <i>Emma Harlow</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Harvey G. Parker</i>	How related to deceased <i>Father</i>				

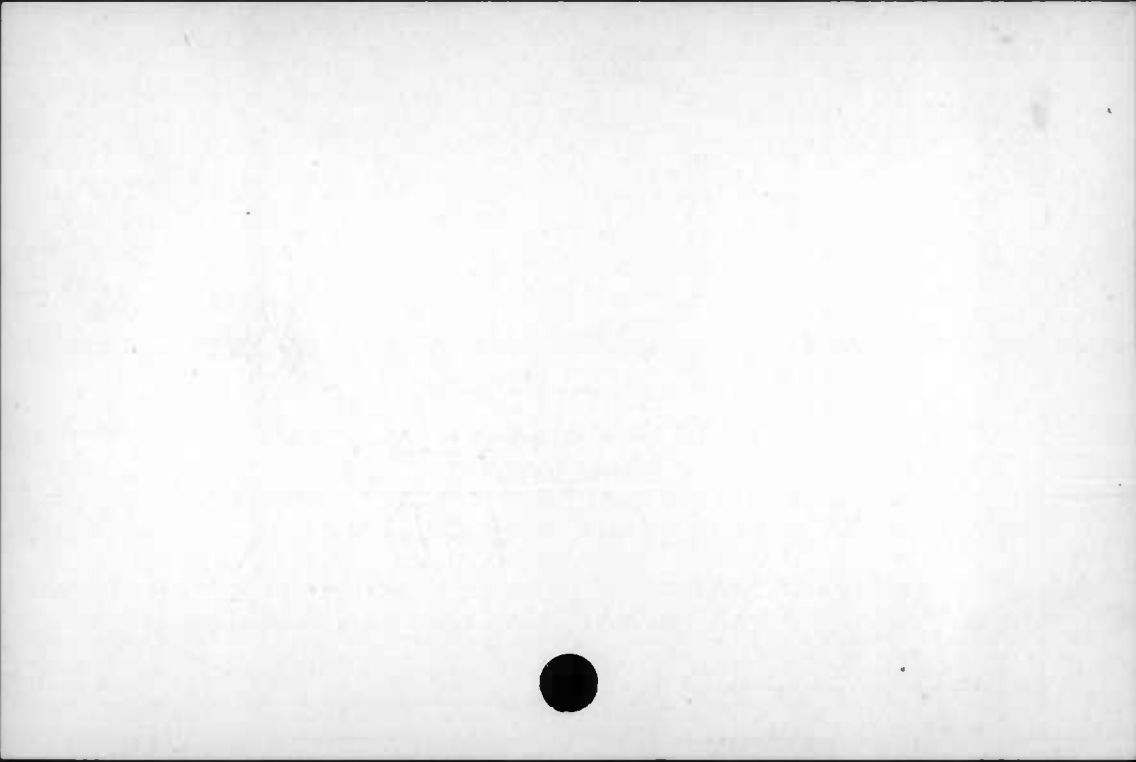
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pertussis</i>	<i>8</i>	How long <i>2 weeks</i>
Immediate <i>Convulsion</i>		How long <i>3 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. M. Smith</i>	Address <i>Salisbury, Md.</i>
Accident or Suicide? <i>No</i>		



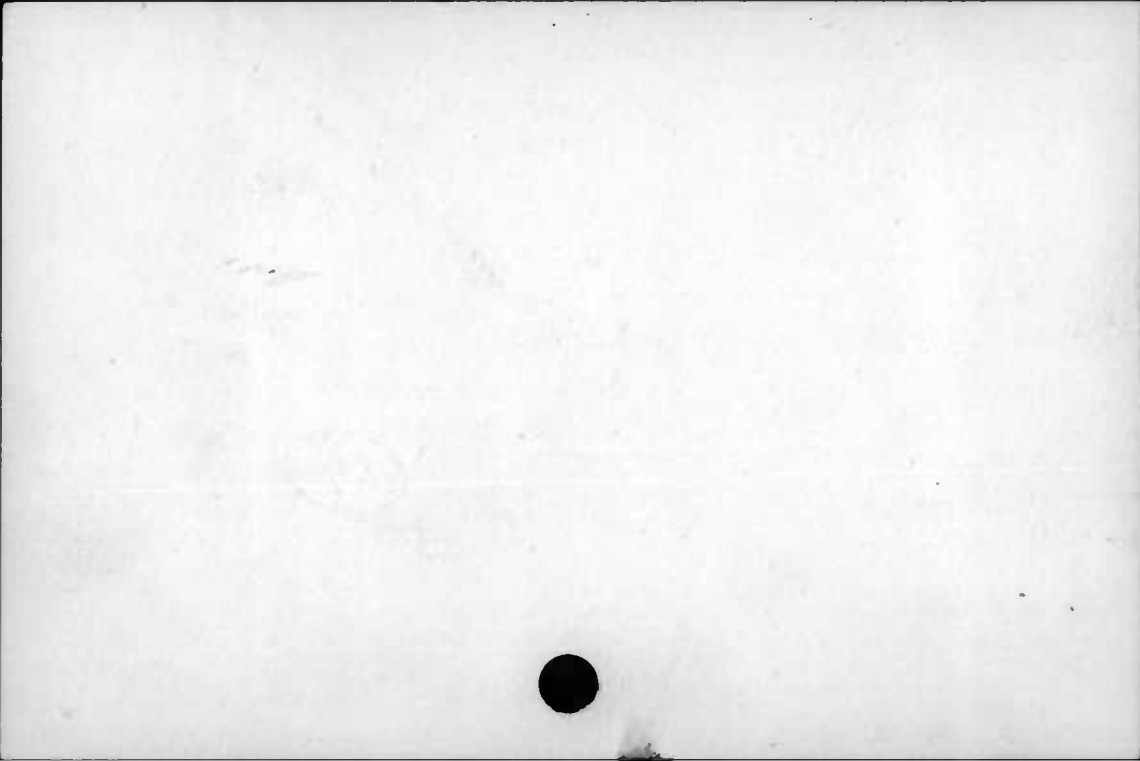
Name in Full		Virginia B. Parker				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Salisbury		Wicomico		MARYLAND	
	Date of death	1907	Aug	24th	Age	33	Months Days
	Sex	Female		Color or Race	Colored		Birth-place
	Occupation	Housework		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Henry W. Parker				Father's Birthplace	Not known
	Mother's Maiden Name	Priscilla Leatherbury				Mother's Birthplace	" "
Name of person giving information	Carrie Parker				How related to deceased	Sister	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Pulmonary Phthisis			(27)	How long	8 Mo
	Immediate	Same				How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes			Signature of Physician	Harry G. Hall	
	Accident or Suicide?				Address	Salisbury Md	



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full Infant Purnell		Town Salisbury		County Wisconsin		CERTIFICATE OF DEATH	
Died at Salisbury		Month Aug		Day 5		Age Years — Months 1 Days —	
Date of death 1907 Aug 5		Sex Male		Color or Race Black		Birth-place Ind	
Occupation —		Where Residing if not at place of death —					
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Henry Jones		Father's Birthplace Del					
Mother's Maiden Name Maggie Purnell		Mother's Birthplace Ind					
Name of person giving information Pannah Purnell		How related to deceased Grandmother					
CAUSES OF DEATH							
Primary sick from Birth		How long (151)					
Immediate Inanition		How long —					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Dr C R Turner					
		Address Salisbury Md					
Accident or Suicide?							



Name
in
Full

Charles B Purnell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

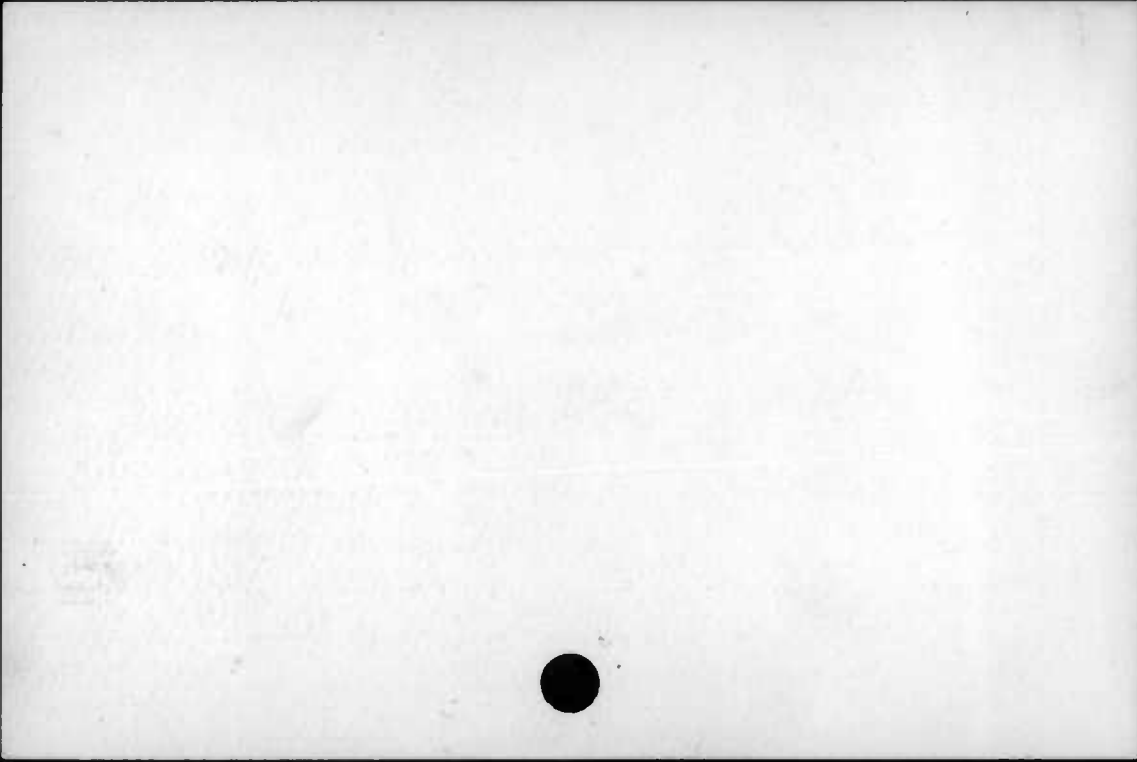
Died at <u>Salisbury</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death	1907	Month	Aug	Day	31
Age	24	Years	3	Months	14
Sex	Male	Color or Race	Black	Birth-place	MD
Occupation	Laborer				
Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Levin W Purnell		Father's Birthplace	
Mother's Maiden Name		Sophia A Brickhead		Mother's Birthplace	
Name of person giving information		Orlander Purnell		How related to deceased	
				Brother	

CAUSES OF DEATH

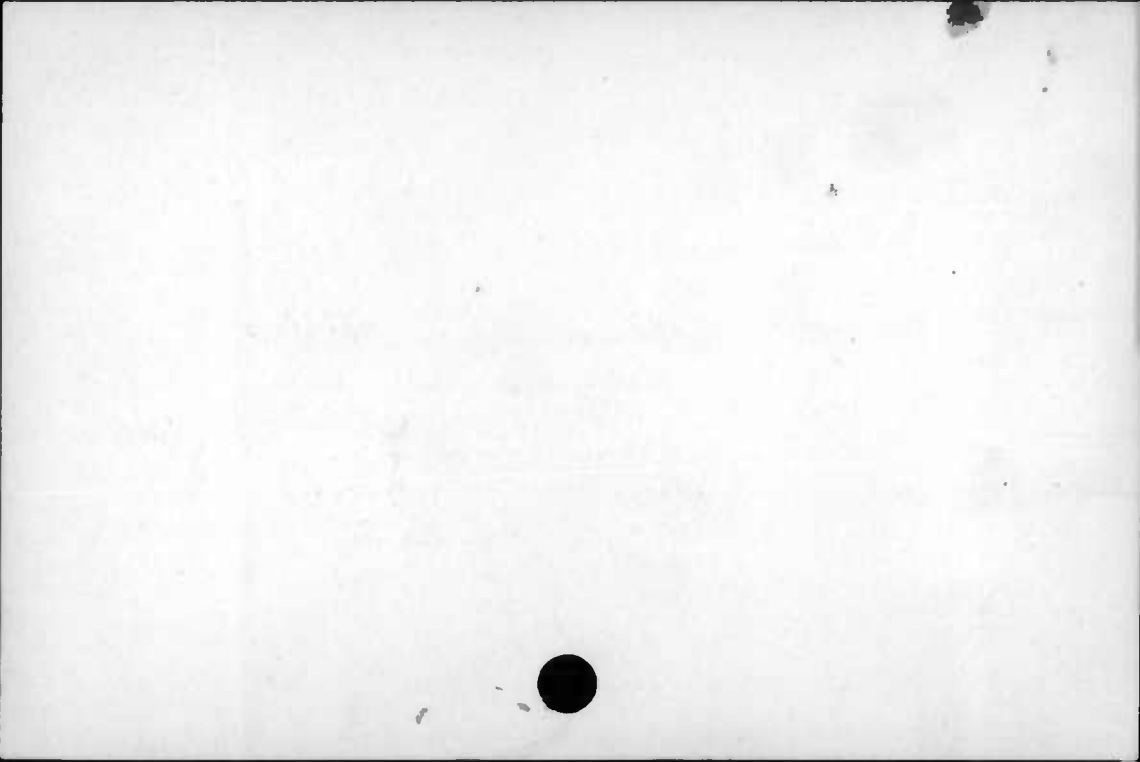
176

PHYSICIAN
OR CORONER

Primary	Rectal shot wound lung + pulmonary artery	How long	Immediate
Immediate	hemorrhage	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. M. Davis	
Address		Salisbury, MD	
Accident or Suicide?		Yes	



Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Salisbury</i>				<i>Wicomico</i>		MARYLAND			
		Date of death <i>1907</i>		Month <i>Aug.</i>	Day <i>7</i>	Age <i>62</i>	Years	Months	Days		
		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Wicomico Co. Md.</i>					
		Occupation <i>Farmer</i>				Where Residing if not at place of death					
		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Katie W. Rider</i>							
		Father's Name <i>Thomas Rider</i>				Father's Birthplace <i>Wicomico Co. Md.</i>					
		Mother's Maiden Name <i>Mary E. Collins</i>				Mother's Birthplace					
PHYSICIAN OR CORONER		Name of person giving information <i>Katie W. Rider</i>				How related to deceased <i>Wife</i>					
		CAUSES OF DEATH						27			
		Primary <i>Tuberculosis (Spine Trouble)</i>				How long <i>18 months</i>					
		Immediate <i>Exhaustion</i>				How long <i>few days</i>					
2		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>Geo. H. Todd</i>					
						Address <i>Salisbury Md</i>					
		Accident or Suicide?									



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Eva Scott

Town

County

MARYLAND

Died at Salisbury

Wicomico

Date of death 1907 Aug

Month

Day

Age

Years

Months

Days

24

34

3

17

Sex Female

Color or
Race

White

Birth-
place

Va

Occupation

Housework

Where Residing if not
at place of death

Parkley Va

Married, Single
or WidowedName of Wife or
Husband

Morris Scott

Father's
Name

Thomas Bundick

Father's
Birthplace

Va

Mother's
Maiden Name

Mary Sparrow

Mother's
Birthplace

Va

Name of person giving
information

Morris Scott

How related
to deceased

Husband

CAUSES OF DEATH

132

Primary

Double pyosalpinx

How long

6 weeks

Immediate

General peritonitis

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

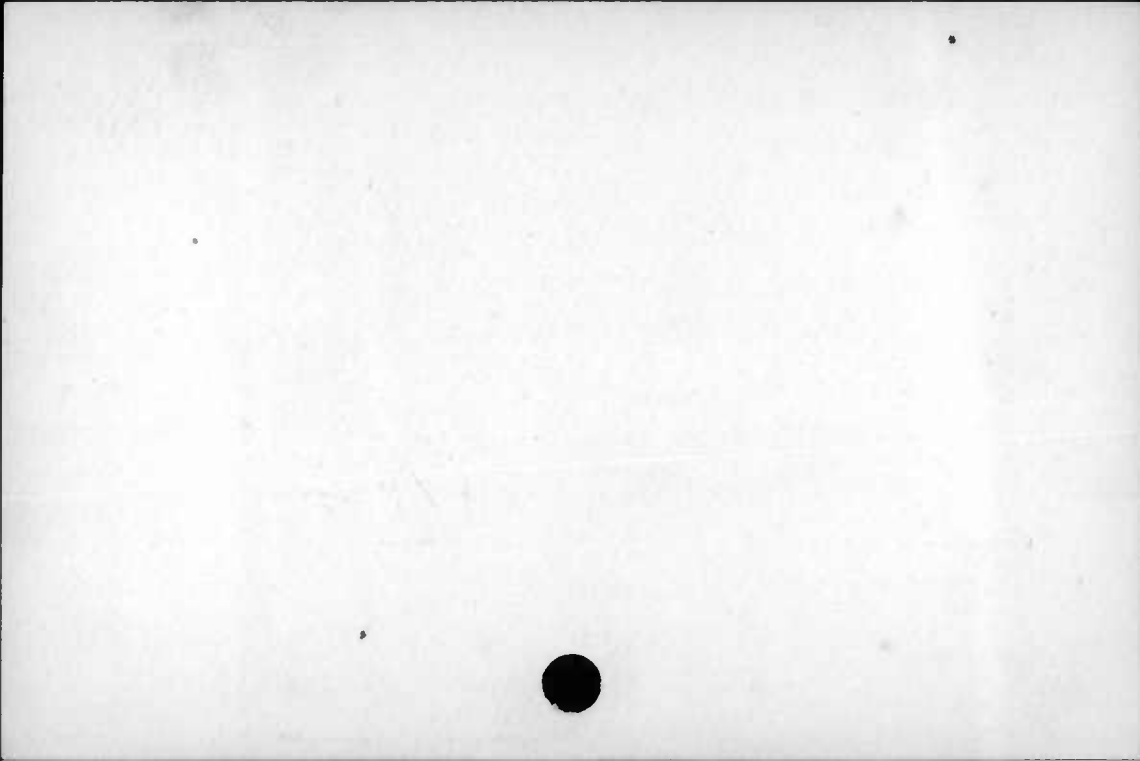
Signature of
Physician

Address

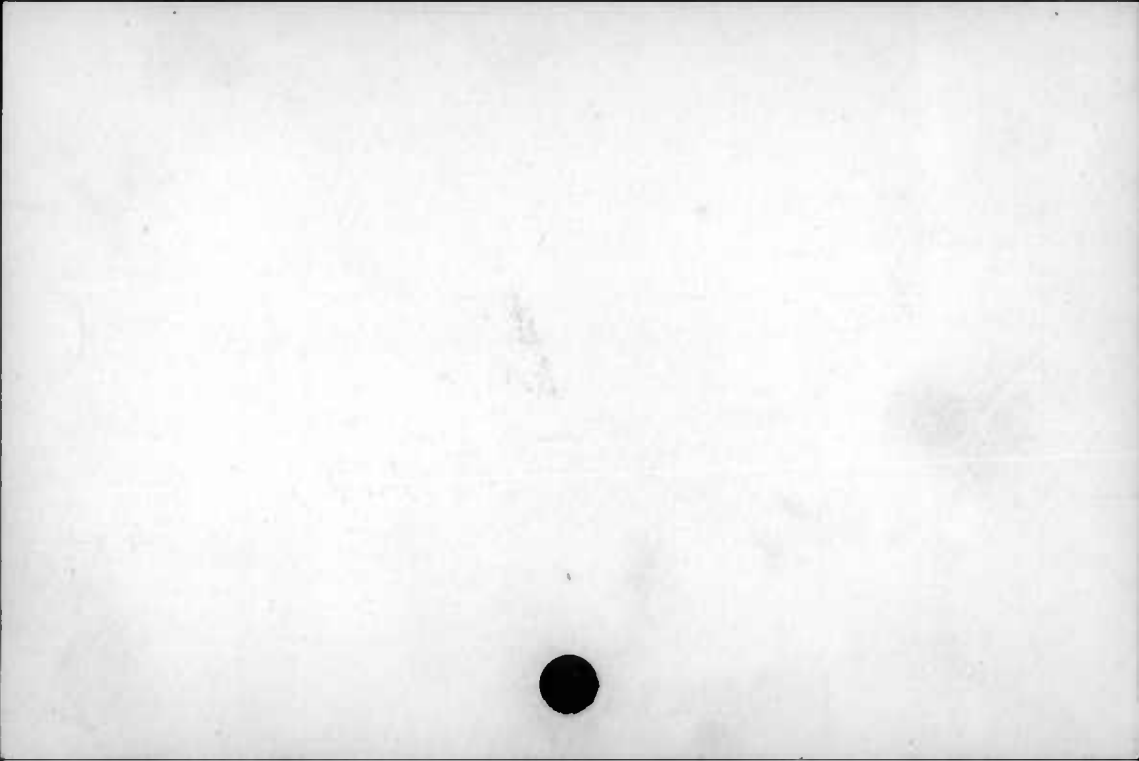
M. Bundick
Salisbury, Md

Accident or Suicide?

No



Name In Full		Bertie Shockley				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Town</u>		<u>Salisbury</u>		County		<u>Wicomico</u>
	Date of death		1907	Month	Aug	Day	21
	Sex		Female		Color or Race		White
	Occupation				Where Residing if not at place of death		
	Married, Single or Widowed		Single		Name of Wife or Husband		
	Father's Name		Lee D. Shockley		Father's Birthplace		Ind
	Mother's Maiden Name		Elizabeth Simelling		Mother's Birthplace		Ind
	Name of person giving information		W. B. Jones		How related to deceased		no relation
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">(106)</div>							
PHYSICIAN OR CORONER	Primary		Enterocolitis		How long		1 week?
	Immediate		Enterocolitis or exhaustion		How long		
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Geo. W. Todd
					Address		Salisbury Md
	Accident or Suicide?						



Name in Full		Town		County		CERTIFICATE OF DEATH	
Willie Stanley		Salisbury P. S. Hospital		Wicomico		MARYLAND	
Died at		Date of death		Age		Months Days	
1907		Aug. 29		12			
Sex		Color or Race		Birth-place			
Male		Negro		Dunkirk			
Occupation		Where Residing if not at place of death					
Dunkirk		Birds Nest Etc					
Married, Single or Widowed		Name of Wife or Husband					
Dunkirk		Dunkirk					
Father's Name		Father's Birthplace					
Dunkirk		Dunkirk					
Mother's Maiden Name		Mother's Birthplace					
Dunkirk		Dunkirk					
Name of person giving information		How related to deceased					
Dunkirk		Dunkirk					
CAUSES OF DEATH				166			
Primary		How long					
R. R. injury		few hours					
Immediate		How long					
Street car brain injury		few hours					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
yes		Louis W. Kinnison					
		Address					
		Salisbury					
		Med.					
Accident or Suicide?							



Name
in
Full

Catharine M Leadvin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

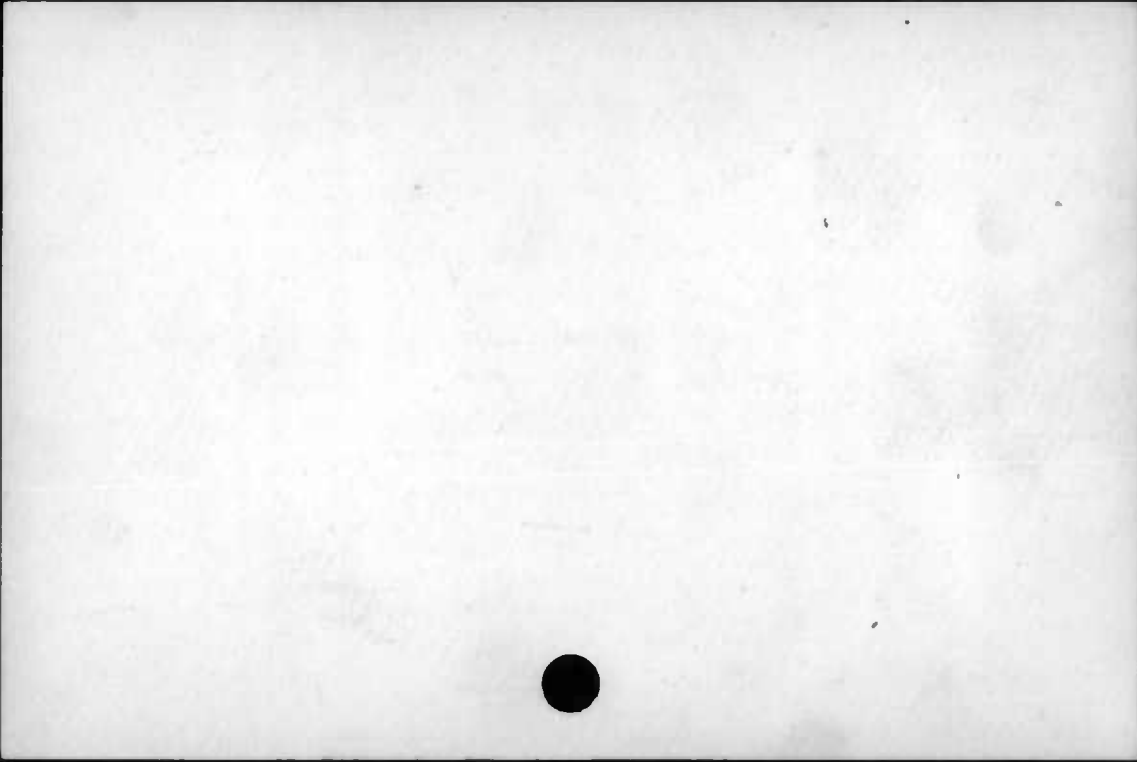
Died at <u>Salisbury</u> <small>Town</small>		<u>Wicomico</u> <small>County</small>		MARYLAND	
Date of death	<u>1907</u> <small>Month</small>	<u>Aug</u> <small>Day</small>	<u>11</u> <small>Years</small>	<u>5</u> <small>Months</small>	<u>11</u> <small>Days</small>
Sex	<u>Female</u>	Color or Race	<u>Black</u>	Birth-place	<u> Md </u>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	<u>Charles E Leadvin</u>			Father's Birthplace	<u> Md </u>
Mother's Maiden Name	<u>Josephine Hooks</u>			Mother's Birthplace	<u> Md </u>
Name of person giving information	<u>Father</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

1105

PHYSICIAN
OR CORONER

Primary	<u>Quarshon</u>	How long	<u>6 wks</u>
Immediate	<u>Exhaustion</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Dr CR Trent</u>	
		Address <u>Salisbury</u>	
		<u> Md </u>	
Accident or Suicide?			



Name
in
Full

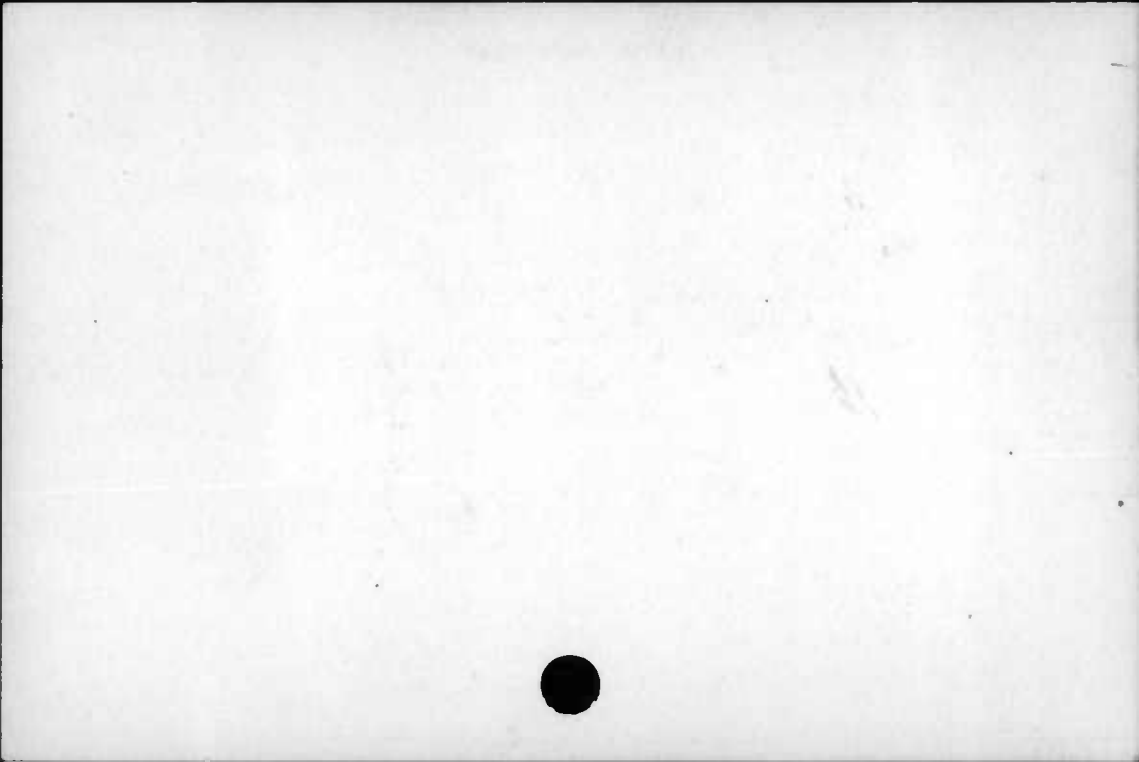
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mary Francis Toadvine</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		State MARYLAND	
Died at <i>Salisbury</i>		Month <i>Aug.</i>		Day <i>20th</i>		Age <i>70</i>	
Date of death <i>1907</i>		Months <i>5</i>		Years <i>70</i>		Days <i></i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Salisbury Md.</i>			
Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Matthias G. Toadvine</i>					
Father's Name <i>Benjamin Hearn Parsons</i>		Father's Birthplace <i>Worcester Co. Md.</i>					
Mother's Maiden Name <i>Mary Owens</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Archie E. Toadvine</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Anemia</i>	(64)	How long <i>don't know</i>	
	Immediate <i>Cerebral hemorrhage</i>		How long <i>2 weeks</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. M. Davis</i>	
	Address <i>Salisbury Md</i>		Accident or Suicide? <i>no</i>	



Name
in
Full

Luranie Townsend

CERTIFICATE OF DEATH

near Siloam Tcwn

County

Wicomico

MARYLAND

Died at Siloam

Date of death 1907 Aug.

Month

Day

Age

Years

Months

Days

10

21

Sex

Female

Color or
Race

White

Birth-
place

Somerset Co., Md.

Occupation

Housekeeper

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Alexandra Townsend

Father's
Name

Charles Simms

Father's
Birthplace

Somerset Co., Md.

Mother's
Maiden Name

Fannie Marshall

Mother's
Birthplace

Wicomico Co., Md.

Name of person giving
In formation

A. H. Dove

How related
to deceased

None

CAUSES OF DEATH

179

Primary

2-Feet Stumble Bronchitis

How long

8 months

Immediate

Debility 1-Feet Fall

How long

3 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

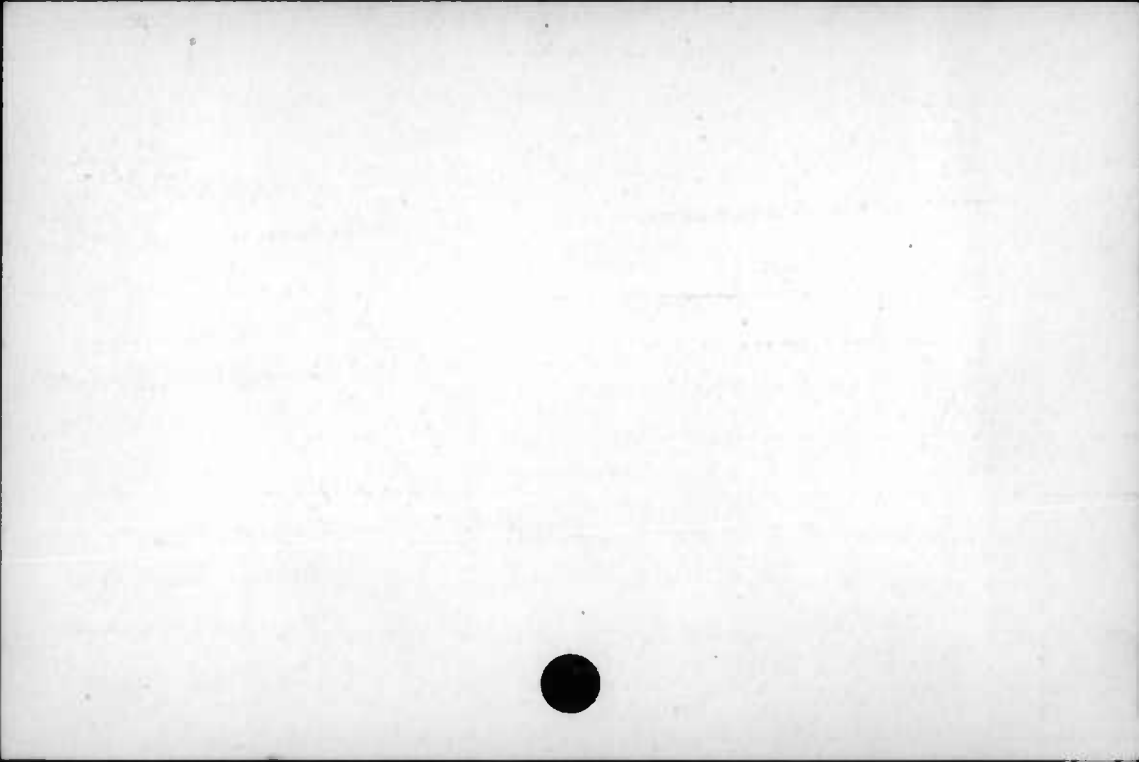
Address

Gardner Spring, Md.
Salisbury, Md.

Accident or Suicide?

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Henry Spicer Truitt

Died at ^{Town} Salisbury ^{County} Wicomico MARYLAND

Date of death 1907 Aug 30 Age 71 6 Months 16 Days

Sex Male Color or Race White Birth-place Md

Occupation Laborer Where Residing if not at place of death Salisbury Md

Married, Single or Widowed ☒ Married Name of Wife or Husband Bertha Truitt

Father's Name George Truitt Father's Birthplace Md

Mother's Maiden Name Don't know Mother's Birthplace Don't know

Name of person giving information George S Truitt How related to deceased Son

CAUSES OF DEATH

64

Primary Chronic Heart trouble How long Don't know

Immediate Apoplexy How long 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Louis W. McCombs

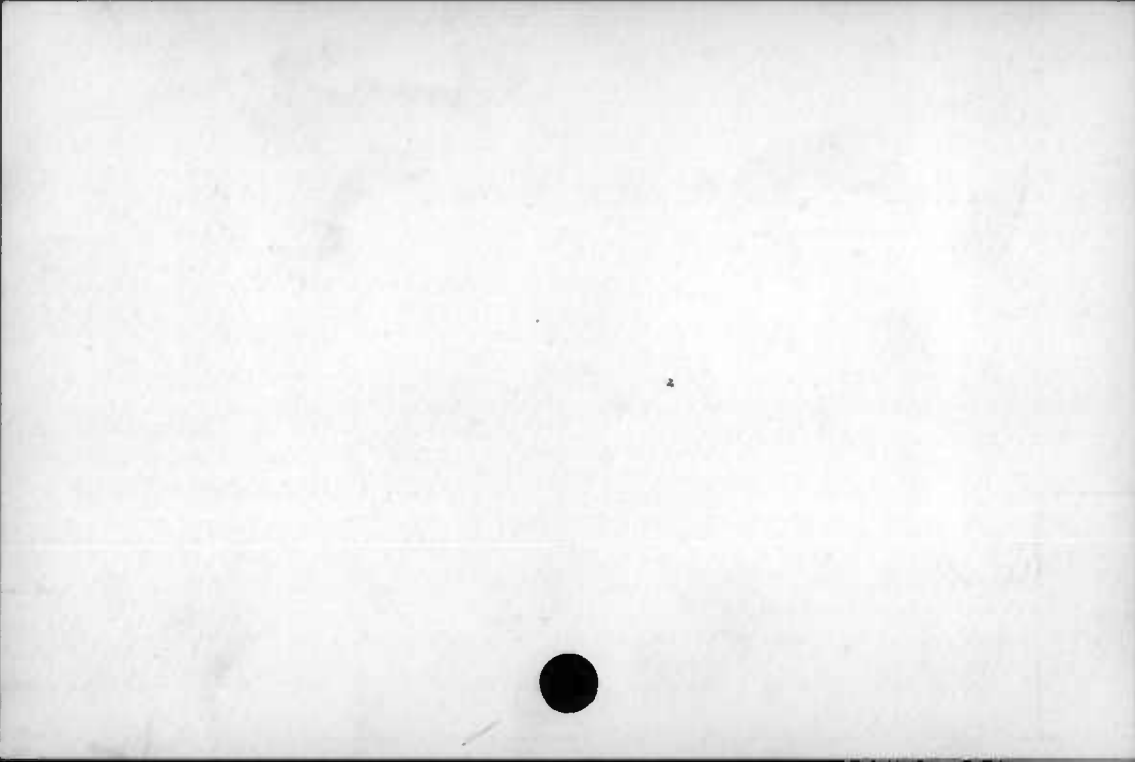
Address

Salisbury Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



**PHYSICIAN
OR CORONER**

Betha Waters

77

CERTIFICATE OF DEATH

Died at		Town		County	
near Rockawalking		Wicomie			
Month		Day		Year	

MARYLAND

Date of death 1907	Month Aug	Day 28	Age	Years	Months 3	Days
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Sex	Female	Color or Race	Black	Birth-place	161
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Occupation	Where Residing if not at place of death
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Married, Single or Widowed	Name of Wife or Husband
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Father's Name Leora A Waters

Father's Birthplace *Mc*

Mother's Maiden Name Laura Dahlstedt

Mother's Birthplace Me

Name of person giving information Anthony Waters

How related to deceased Grandfather

CAUSES OF DEATH

8

Primary Wandering Cough

How long

Immediate *Chloride and air*

How long 3 days

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *H. C. C. ...*

Address

Helms

Accident or Suicide?



Name in Full		County				CERTIFICATE OF DEATH	
Harry White		P. G. Hospital Salisbury Md. Wicomico				MARYLAND	
Died at		Month	Day	Years	Months	Days	
Date of death		1907	Aug.	3rd.	Age	28	
Sex		Male		Color or Race	Birth-place		
Occupation		Laborer		Where Residing if not at place of death			
Married, Single or Widowed		not known		Name of Wife or not and			
Father's Name		not known		Father's Birthplace			
Mother's Maiden Name		not known		Mother's Birthplace			
Name of person giving information		Miss Helen Wise		How related to deceased			
				Matron at hospital			
CAUSES OF DEATH							
Primary		Strangulated hernia				How long	
						2 days	
Immediate		acute peritonitis				How long	
						1 day	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician			
as far as can be found out				Address			
				Salisbury Md			
Accident or Suicide?		No					



Name
in
Full

CERTIFICATE OF DEATH

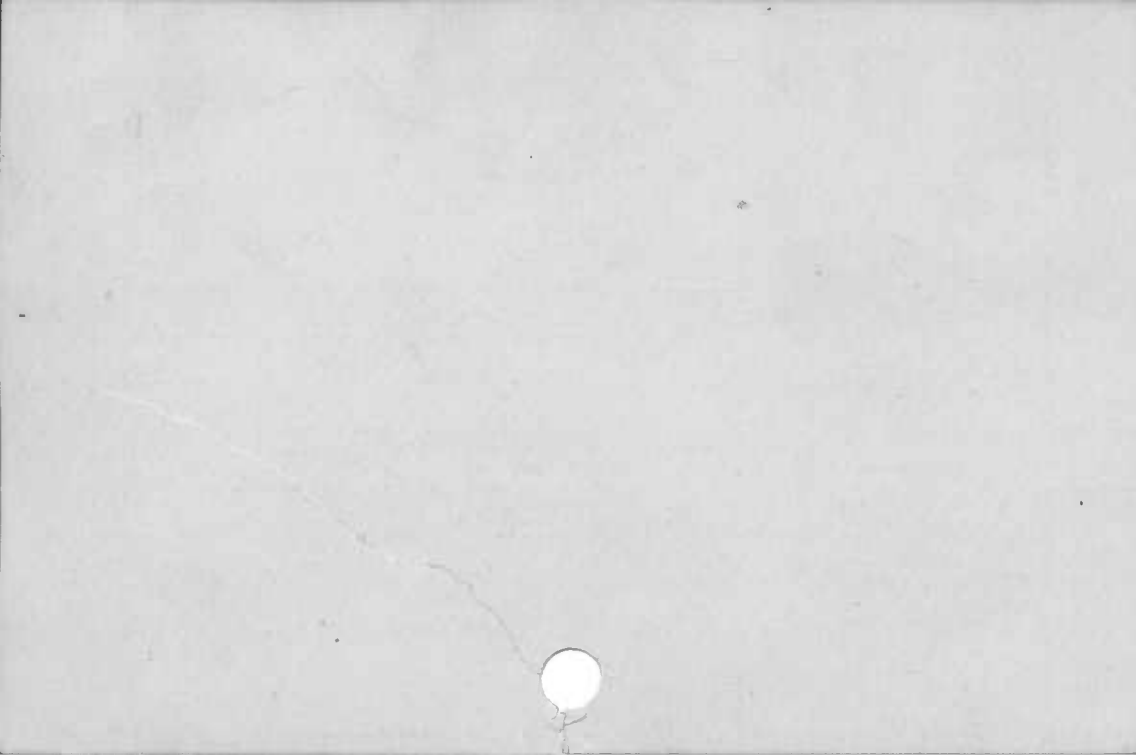
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND			
Date of death		190	Month	Day	Age	Years	Months	Days	
Sex		Male		Color or Race		White		Birth-place	Maryland
Occupation		Laborer		Where Residing if not at place of death					
Married, Single or Widowed		Married		Name of Wife or Husband		Levinia Wilson			
Father's Name		George Wilson		Father's Birthplace		Md			
Mother's Maiden Name		Mary Ann Hays		Mother's Birthplace		Md			
Name of person giving information		Thomas H. Hastings		How related to deceased		No relation			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Appendicitis	How long	four days
Immediate	Peritonitis with adhesion then worse	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		Salisbury Md.	
Accident or Suicide?			



Name
in
Full

Elisabeth E Workman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death	1907	Month	Aug	Day	18
Sex	Female	Color or Race	white	Years	73
Occupation	Housework	Birth-place	Del	Months	
Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband <i>James P Workman</i>				
Father's Name	<i>Don't know</i>		Father's Birthplace	<i>Don't know</i>	
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information	<i>Mary O Goshel</i>		How related to deceased	<i>no relation</i>	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Aortic regurgitation</i>	How long	_____
Immediate	<i>Nephritis</i>	How long	<i>4 months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Amos S. Richards</i>
		Address	<i>Salisbury Md</i>
Accident or Suicide?			

